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DOWN COUNTY HEALTH SERVICES
YEAR 1960



THIRTEENTH
ANNUAL REPORT

SUBMITTED TO THE DOWN COUNTY
HEALTH COMMITTEE BY THE COUNTY
MEDICAL OFFICER OF HEALTH

JAMES B. McKINNEY
County Medical Officer of Health

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DOWN COUNTY HEALTH COMMITTEE

MEMBERS OF COMMITTEE, 1960-61

Appointed under the Public Health and Local Government (Administrative Provisions) Act, (N.I.), 1946

NOMINATED BY THE DOWN COUNTY COUNCIL

CHAIRMAN :—GEORGE C. BELL, Esq., J.P., “ Braemar,” Lisburn Road, Hillsborough.

VICE-CHAIRMAN :—ROBERT A. LINTON, Esq., “ Aviemore,” Kilkeel.

JOSEPH H. CRESWELL, Esq., J.P., “ Richmond,” Kilmore Road, Moira.

DAVID J. KANE, Esq., Kinallen, Dromara.

JAMES McCORMICK, Esq., Whitechurch, Ballywalter.

WILLIAM J. McCoubrey, Esq., J.P., High Street, Ballynahinch.

EDWARD K. McGRADY, Esq., J.P., John Street, Downpatrick.

FELIX McKENNA, Esq., Ballybannon, Annsborough.

WILLIAM MAWHINNEY, Esq., M.B.E., “ Four Winds,” Ballymaconaghy, Newtownbreda

ALFRED RUSSELL, Esq., O.B.E., J.P. 113 Bangor Road, Newtownards.

JOHN H. WIGHTMAN, Esq., J.P., High Street, Killyleagh.

GEORGE L. WILSON, Esq., “ Craigmore,” Ballynagarrick, Portadown.

NOMINATED BY THE BOROUGH AND URBAN DISTRICT COUNCILS

BANGOR BOROUGH WILLIAM FITZSIMMONS, Esq., 4 Parkmount, Bangor.

NEWTOWNARDS BOROUGH MRS. M DOGGART, 20 Victoria Avenue, Newtownards.

BANBRIDGE URBAN HUGH V. BRYANS, Esq., Church Street, Banbridge.

DONAGHADEE URBAN CAPTAIN W. J. LONG, 50 Warren Road, Donaghadee.

DOWNPATRICK URBAN CHARLES J. O'HARE, Esq., 23 Thomas Russell Park, Downpatrick.

DROMORE URBAN J. HAMILTON, Esq., Church Street, Dromore.

HOLYWOOD URBAN EDWARD J. McCAVANA, Esq., J.P., 170 Grosvenor Road, Belfast.

KILKEEL URBAN ROBERT GEORGE HANNA, Esq., J.P., 67 Newcastle St., Kilkeel.

NEWCASTLE URBAN Lt. Col. K. C. C. SMITH, D.S.O., J.P., Strathearn, Newcastle.

NEWRY URBAN JAMES J. CAMPBELL, Esq., 4 Mulligan's Court, Newry.

WARRENPOINT URBAN Mrs. M. C. BENNETT, 29 Seaview, Warrenpoint.

To the Down County Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my Thirteenth Annual Report as required by Statute.

As in previous years, regard has been paid in the general layout of the contents to the desirability of ensuring that each Section can be read as a distinct unit, although the work described in the various Sections is so closely related that this arrangement has resulted inevitably in some repetition.

Considerable changes have taken place recently in the Home Nursing Service, and, as further changes are to be anticipated, I would like to refer briefly to the back-ground here.

This Service was commenced many years ago, largely through the voluntary efforts of public spirited individuals who recognised the need in their own localities to provide nursing care for the sick poor. In some areas local Nursing Societies were formed, and the work done so unobtrusively and efficiently over so many years by these organisations is beyond praise, and its beneficent results are incalculable. So obvious, however, were these benefits in those areas where the service was provided that the Health Services Act (Northern Ireland) 1948 required the County Health Committee to provide a satisfactory Home Nursing Service in all parts of the County. Your Committee then proceeded to introduce such a service to cover the entire County, and to provide home nursing to all classes of the community. This was, in fact, the goal towards which the voluntary Societies had struggled so valiantly for so long.

The second major modification was conditioned by changes in the age distribution of the population resulting in substantial increases in the number of elderly persons. A considerable proportion of the Home Nurse's time is now devoted to the care of the aged, who require assistance morning and evening, if they are to be enabled to continue to share in a relatively active home life. Time-consuming though it is, this is work of great value.

The third extension in the service was made possible by the provision through the Voluntary Care and After-care Committees of a wide range of sick room nursing equipment, and, where necessary, by the supplementation of diets during convalescence.

The fourth modification has arisen from the striking advances made in medical science, particularly in chemotherapy. More and more family doctors are using the Home Nurse to assist in treatment by giving injections and by taking blood samples for laboratory analysis. By a full use of the Nursing Service in these ways, many patients are maintained at home who would otherwise have to be admitted to hospital. Unfortunately some of the techniques involved in the provision of this service do not fall within the present training curriculum of the nurses, and your Committee have had to establish special training courses for their nurses to enable them to provide the help required by the family doctors and the consultants. The approval of the Joint Nurses and Midwives Council has been sought regarding such courses, and a certain reluctance in granting approval has been experienced. This is a matter of some concern to those interested in the continued development of the Home Nursing Service, and so I welcome the provisions of the new legislation embodied in the Nurses and Midwives Act (Northern Ireland, 1959), which would appear to provide scope for the Joint Council to give approval to a much wider range of techniques than those at present included in the nurse's basic training, and so to meet the challenge of the present day in bringing a truly comprehensive service into the homes of the people.

During the past twelve years remarkable progress has been made in the field of environmental services — principally housing, the provision of water supplies and the disposal of sewage. These services are administered directly by the Borough, Urban and Rural District Councils, but your Committee have a co-ordinating interest in them, and in every single area advances have been made which are without parallel in any similar period of time. The development of these services has made many demands upon the time of the Medical Officers and the Public Health Inspectors. Much still remains to be done in these fields, but other problems of equal importance are claiming the attention of your staff. For example, the thorny question of the adequate control of caravans and caravan sites has loomed large in the minds of all concerned with the public health in recent years, and, whilst a good deal has been done under present legislation to guard against outbreaks of disease on such sites, it has become increasingly evident that our present powers are quite inadequate to deal with this serious problem.

There is no doubt that caravanning has come to stay, and already there are a number of model caravan sites in the County with piped water and all modern conveniences, but a hard core of unsatisfactory sites remains, and, if these are to be adequately dealt with and all danger to health removed, it is to be hoped that new legislation will be enacted without delay. The answer to the problem is very simple — it is the licensing of all caravan sites under the administrative control of the Local Authorities.

The Food and Drugs Act (Northern Ireland) 1958 came into operation during the year, and the Ministry of Health and Local Government have already issued a number of new regulations relating to the composition of food. I understand that new regulations dealing with the all-important subject of food hygiene will be made within a short time.

Much has been accomplished in this field also by the judicious use of the Public Health (Prevention of Contamination of Food) Regulations, 1948, but there is no doubt that new regulations are necessary if we are to progress.

Increasing attention has been given to hygiene in shops, but other places where food is exposed for sale, such as, stalls, mobile shops, amusement fairs, sports grounds, public gatherings, slaughter-houses, etc., demand attention, and it is to be hoped that the new regulations will give the powers and direction necessary to secure the desired improvement.

Under the Food and Drugs Act, the Ministry are empowered to set up in each Health Authority area a Food Hygiene Advisory Committee, which may make recommendations to the Health Authority on the administration of regulations relating to food hygiene. This Advisory Committee will, it is hoped, prove of value in directing attention to unhygienic practices, and to matters which might tend to be overlooked.

The contribution made recently to the control of infectious diseases by the protection of the individual and the community through immunisation has extended considerably. A few years ago, such protection was given mainly against smallpox and diphtheria, but now the list has grown to include poliomyelitis, whooping cough, tuberculosis and tetanus. All of these advances are welcome, but the most striking immediate results are to be expected in regard to poliomyelitis. It was only in 1957 that the Ministry of Health and Local Government were able to announce the beginning of a scheme for the protection of children against poliomyelitis by immunisation with the Salk type vaccine. Since then, great advances have been made in the effectiveness and the availability of vaccine. Whilst each advance has been welcome as a step towards the elimination of poliomyelitis, each has, however, brought problems of administration. Not the least amongst these has been the difficulty of keeping parents informed as to the best procedure to be followed from time to time to ensure that their children receive the maximum protection which can be offered. Further advances are to be anticipated, and changes in our programme are inevitable. I feel that we must continue to try to convey to the public that these changes are directly due to progress in the field of immunisation, however confusing the changes may appear at times to individual parents who have several children of different ages under their care. So long as we continue to use the best available weapons in the best possible way at any particular time, then we can look forward with confidence to the future when poliomyelitis will cease to be a major epidemic disease.

During the past few years, we have been particularly fortunate in having available to us the advice of such a well-known expert as Professor G. W. A. Dick, Professor of Microbiology at Queen's University, Belfast, to guide us in the rapidly changing techniques of immunisation. His help, so freely given, has been of great assistance in adapting our programmes to use modern knowledge to the best advantage.

Although the level of immunisation in the County against poliomyelitis amongst children is satisfactory, it must be emphasised that far too few young adults have been protected so far, and there can be little doubt that cases of poliomyelitis will continue to occur — especially in this age group. I must also repeat that immunisation is not yet one hundred per cent. effective, but experience is showing that it is effective to a level of about eighty per cent., and that this level is increasing as knowledge grows.

In previous Reports I have referred to the apathy shown by parents to the need to continue to have their children immunised against diphtheria, and to the dangers which could follow this apathy. It is, therefore, with pleasure that I note the substantial increase in those protected during the current year. It is now nine years since a case of diphtheria occurred in the County, but if this record is to be preserved, it is essential that the level of immunisation should be maintained, and, indeed, improved.

In conclusion, Mr. Chairman, Ladies and Gentlemen, once again I should like to thank you for the unfailing consideration and support which you have given me at all times ; to place on record my appreciation of the services of a loyal and enthusiastic staff, and to express my gratitude for the co-operation and assistance which have been so freely extended to me by Mr. J. C. Pantridge, Secretary to the Health and Welfare Committees.

I am,

Yours faithfully,

JAMES B. MCKINNEY,

County Medical Officer of Health.

VITAL STATISTICS FOR THE YEAR 1960

TABLE 1.—POPULATION AT 8th APRIL, 1951, BY QUINQUENNIAL AGE GROUPS

Age (Years)			Males	Females	Persons
All Ages	.....	.....	117,772	123,409	241,181
0— 4	.....	.....	12,416	11,477	23,893
5— 9	.....	.....	11,403	10,806	22,209
10—14	.....	.....	9,183	8,855	18,038
15—19	.....	.....	9,775	8,627	18,402
20—24	.....	.....	8,159	8,723	16,882
25—29	.....	.....	8,340	9,129	17,469
30—34	.....	.....	8,208	8,476	16,684
35—39	.....	.....	8,211	8,522	16,733
40—44	.....	.....	7,696	8,228	15,924
45—49	.....	.....	6,894	7,311	14,205
50—54	.....	.....	6,387	7,166	13,553
55—59	.....	.....	5,149	5,971	11,120
60—64	.....	.....	4,452	5,619	10,071
65—69	.....	.....	4,094	5,052	9,146
70—74	.....	.....	3,398	4,382	7,780
75—79	.....	.....	2,331	2,799	5,130
80—84	.....	.....	1,187	1,499	2,686
85—89	.....	.....	409	588	997
90—94	.....	.....	70	146	216
95 and over	.....	.....	10	33	43

TABLE 2.—MARRIAGES

Marriages	Marriages per 1,000 Population
1,498	5.8

TABLE 3.—BIRTHS—REGISTERED (LIVE BIRTHS ONLY)

Total Births (including Illegitimate Births)				Illegitimate Births		
Males	Females	Total	Rate per 1,000 population	Males	Females	Total
2,875	2,617	5,492	21.3	54	49	103

TABLE 4.—DEATHS

Deaths (All Ages)			Infant Deaths (Under 1 Year)			Maternal Deaths	
Males	Females	Total	Males	Females	Total	No.	Rate per 1,000 Live Births Registered
1,501	1,344	2,845	73	53	126	2	0.36
Rate per 1,000 estimated population=11.1			Rate per 1,000 Live Births Registered=22.9				

TABLE 5.—DEATHS BY AGE PERIODS

Age Periods	Males	Females	Total	Age Periods	Males	Females	Total
Under 1 year	73	53	126	45—49 years	46	36	82
1 year	4	3	7	50—54 "	65	50	115
2 years	4	3	7	55—59 "	103	77	180
3 "	1	—	1	60—64 "	142	99	241
4 "	3	—	3	65—69 "	164	124	288
5—9 "	10	7	17	70—74 "	205	209	414
10—14 "	6	2	8	75—79 "	215	212	427
15—19 "	5	3	8	80—84 "	201	207	408
20—24 "	12	4	16	85—89 "	126	133	259
25—29 "	4	6	10	90—94 "	39	66	105
30—34 "	17	3	20	95 and over	5	14	19
35—39 "	27	11	38	Totals		1,501	1,344
40—44 "	24	22	46				2,845

TABLE 6.—INFANT MORTALITY

Sex	Under 1 day	1 day and less than 7 days	1—4 weeks	1—2 months	2—3 months	3—6 months	6—12 months	Total	Deaths of Illegitimate Children
Males	35	17	5	6	4	4	2	73	1
Females	18	22	2	2	—	3	6	53	1
Total	53	39	7	8	4	7	8	126	2

TABLE 7.—COMPARATIVE RATES

Area	Rate per 1,000 population				Rate per 1,000 Live Births Registered	
	Marriage	Birth	Death	Death Rate from Tuberculosis	Infant Mortality	Maternal Mortality
England and Wales ...	7.5	17.1	11.5	0.08	22	0.40
Northern Ireland ...	7.0	22.5	10.8	0.08	27	0.44
County Down ...	5.8	21.3	11.1	0.08	23	0.36

TABLE 8.—CAUSES OF DEATH AT DIFFERENT AGE PERIODS

Abbreviated List No.	Causes of Death	Males		Females		Total	
		Aged		Aged			
		Under 1 year	Total Deaths	Under 1 year	Total Deaths		
B1	Tuberculosis of Respiratory System	...	19	...	11	8	
B2	Tuberculosis, other forms	...	2	...	1	1	
B3	Syphilis and its Sequelae	...	5	...	3	2	
B4	Typhoid Fever	...	...	1	1	1
B5	Cholera	...	...	1	1	1
B6	Dysentery, all Forms	...	...	1	1	1
B7	Scarlet Fever and Streptococcal Sore Throat	...	...	1	1	1
B8	Diphtheria	...	...	1	1	1
B9	Whooping Cough	...	...	1	1	1
B10	Meningococcal Infections	...	1	...	1	1	
B11	Plague	...	...	1	1	1
B12	Acute Poliomyelitis	...	...	1	1	1
B13	Smallpox	...	...	1	1	1
B14	Measles	...	...	1	1	1
B15	Typhus and other Rickettsial Diseases	...	7	...	5	5	
B16	Malaria	...	...	1	1	1
B17	Other Infectious and Parasitic Diseases	...	...	1	1	1
B18	Malignant Neoplasms, including Neoplasms of Lymphatic and Haematopoietic Tissues:—	...	...	...	...	...
	(a) Cancer	...	414	...	64	52	
	(b) Hodgkins Disease and Leukaemia	...	13	...	8	5	
B19	Benign and Unspecified Neoplasms	...	8	...	3	2	
B20	Diabetes Mellitus	...	22	...	7	12	
B21	Anaemias	...	15	...	2	4	
B22	Vascular Lesions affecting Central Nervous System	436	...	37	194	9	
B23	Non Meningococcal Meningitis	...	...	1	2	1
B24	Rheumatic Fever	...	2	...	1	1	
B25	Chronic Rheumatic Heart Disease	...	43	...	11	8	
B26	Arteriosclerotic and Degenerative Heart Disease	958	...	10	135	32	
B27	Other Diseases of Heart Disease	...	98	...	146	65	
B28	Hypertension with Heart Disease	...	64	...	56	17	

TABLE 8.—CAUSES OF DEATH AT DIFFERENT AGE PERIODS—*Continued.*

TABLE 9.—DEATHS FROM CANCER BY SEX AND SITE

Detailed List Nos.	Sites						Males	Females	Totals
	Buccal Cavity and Pharynx								
140	Lip	...	...	...	...	...	2	—	2
141	Tongue	...	...	...	...	...	4	—	4
142	Salivary Gland	...	...	...	...	...	1	—	1
143—144	Mouth	...	...	...	...	...	1	—	1
145—148	Pharynx	...	...	...	...	...	3	1	4
	Digestive Organs and Peritoneum								
150	Oesophagus	...	...	...	...	...	7	8	15
151	Stomach	...	...	...	...	...	45	33	78
152—153	Intestines	...	...	...	...	...	21	19	40
154	Rectum	...	...	...	...	...	14	6	20
155—156	Biliary Passages and Liver	...	...	...	...	...	1	6	7
157	Pancreas	...	...	...	...	...	8	9	17
158	Peritoneum	...	...	...	...	...	2	2	4
159	Other Digestive Organs	...	...	...	...	...	—	—	—
	Respiratory System								
160	Nose, Nasal Cavities, etc.	...	...	...	...	...	—	—	—
161	Larynx	...	...	...	...	...	4	—	4
162—163	Trachea, Bronchus and Lungs	...	...	...	...	...	51	9	60
164	Mediastinum	...	...	...	...	...	—	—	—
165	Thoracic Organs (Secondary)	...	...	...	...	...	—	1	1
	Breast and Genito-Urinary Organs								
170	Breast	...	...	...	...	...	1	46	47
171—174	Uterus	...	...	...	...	...	—	9	9
175	Ovary, Fallopian Tube and Broad Ligament	...	...	...	...	...	—	9	9
176	Other Female Genital Organs	...	...	...	...	...	—	3	3
177	Prostate	...	...	...	...	...	23	—	23
178	Testis	...	...	...	...	...	2	—	2
179	Other Male Genital Organs	...	...	...	...	...	—	—	—
180	Kidney	...	...	...	...	...	3	1	4
181	Bladder and Other Urinary Organs	...	...	...	...	...	3	4	7
	Other and Unspecified Sites								
190—191	Skin	...	...	...	...	...	2	2	4
192	Eye	...	...	...	...	...	1	—	1
193	Brain and other parts of the Nervous System	...	...	...	...	...	9	2	11
194	Thyroid Gland	...	...	...	...	...	1	2	3
195	Other Endocrine Glands	...	...	...	...	...	1	—	1
196	Bone	...	...	...	...	...	5	—	5
197	Connective Tissue	...	...	...	...	...	1	1	2
198—199	Other Sites	...	...	...	...	...	11	8	19
200—202	Neoplasms of Lymphatic and Haematopoietic Tissues (Exclusive of Hodgkin's Disease, Leukaemia, etc.)						2	4	6
203—205									
	TOTAL						229	185	414

TABLE 10.—COMPARATIVE RATES FOR THE COUNTY, 1946-1960

Year	Rates per 1,000 Live Births Registered			Neo-Natal Mortality among Premature Babies — Rate per 100 Live Premature Births	
	Infant Mortality	Neo-Natal Mortality	Still Birth	All Premature Births	Domiciliary Premature Births
1946	45.9	N/A.	N/A.	N/A.	N/A.
1947	46.7	24.0	N/A.	N/A.	N/A.
1948	36.3	22.9	N/A.	N/A.	N/A.
1949	40.3	22.7	26.6	24.7	22.2
1950	35.4	22.2	28.2	21.6	20.7
1951	40.0	26.1	28.9	26.9	28.2
1952	34.1	21.7	31.6	18.6	17.4
1953	30.3	17.5	29.1	13.0	15.6
1954	31.0	21.3	27.7	19.6	15.1
1955	26.0	17.4	32.7	14.3	14.7
1956	27.8	20.7	26.8	19.9	18.4
1957	23.1	16.5	31.6	14.5	14.5
1958	24.9	17.7	25.7	13.3	13.8
1959	25.1	16.7	24.6	15.4	9.6
1960	22.9	18.0	25.5	16.2	7.7

(N/A. denotes figures not available).

GRAPHICAL PRESENTATION OF TRENDS OF RATES IN TABLE 10

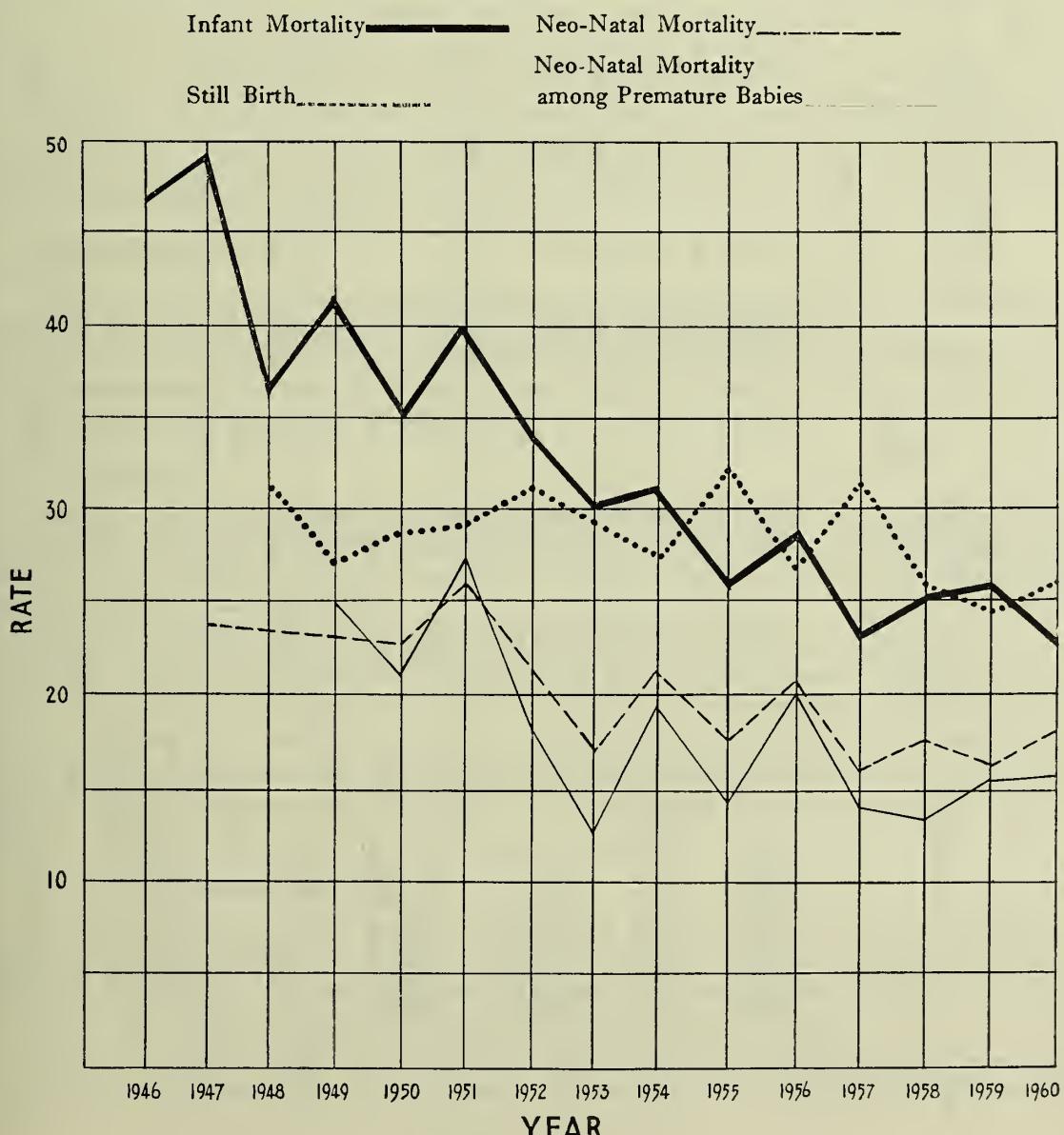


TABLE 11.—POPULATION, BIRTHS, DEATHS AND SCHOOL POPULATION IN RELATION TO THE SCHEME OF DIVISIONAL ADMINISTRATION

Division	Local District	1951		1959		1960		Deaths		School Population			
		Child Population under 15 years	Total Population (Census of Population 8/4/51)	Live Births Registered	Estimated Population	Births		Number of Live Births registered by the Registrar General (as adjusted for transferred registrations)	Neonatal	All Infants under 1 year	All Ages	No. of Schools	Average No. on Rolls
						Male	Female	Total	Male	Female	Total		
1	Bangor Borough	4,419	20,610	318	22,770	212	182	394	279	255	534	8	347
	Donaghadee Urban	841	3,400	47	3,170	24	21	45	279	255	534	2	66
	North Down Rural (Part)*	1,642	6,305	112	5,910	60	59	119	279	255	534	2	65
2	Total	6,902	30,315	477	31,850	296	262	558	279	255	534	12	478
	Newtownards Borough	3,257	12,243	244	12,840	140	127	267	396	367	763	5	132
	North Down Rural (Part)*	6,569	25,220	447	23,640	242	234	476	396	367	763	8	260
3	Total	9,826	37,463	691	36,480	382	361	743	396	367	763	13	392
	Holywood Urban	1,540	6,316	165	7,380	94	81	175	830	729	1,559	5	96
	Castlereagh, Rural	6,085	20,487	768	35,670	442	370	812	830	729	1,559	11	231
4	Hillsborough Rural	5,683	23,876	516	25,230	279	250	529	830	729	1,559	11	223
	Total	13,308	50,679	1,449	68,280	815	701	1,516	830	729	1,559	27	37
	Banbridge Urban	1,588	6,099	131	6,120	63	49	112	382	326	708	2	60
5	Moira Rural	2,163	8,937	153	8,550	82	71	153	382	326	708	3	94
	Banbridge Rural (including Dromore Urban)	6,582	24,320	447	22,990	210	191	401	382	326	708	4	6
	Total	10,333	39,356	731	37,660	355	311	666	382	326	708	9	11
6	Downpatrick Urban	1,126	3,879	110	3,980	53	59	112	404	380	784	1	41
	Downpatrick Rural	8,578	31,529	674	31,280	365	341	706	404	380	784	15	388
	Total	9,704	35,408	784	35,260	418	400	818	404	380	784	16	429
7	Newry Urban	4,113	13,261	339	12,600	190	177	367	613	587	1,200	12	13
	Warrenpoint Urban	4,551	15,799	344	16,040	199	206	405	613	587	1,200	8	9
	Kilkeel Rural (including Urban and Newcastle Urban)	5,403	18,900	438	19,230	220	199	419	613	587	1,200	2	5
8	Total	14,067	47,960	1,121	47,870	609	582	1,191	613	587	1,200	22	27
	Grand Totals	64,140	241,181	5,253	257,400	2,875	2,617	5,492	2,904	2,644	5,548	99	126

* Population and Number of Live Births registered, also Deaths, for North Down Rural Area are apportioned to Divisions 1 and 2 in the proportion of 1 and 4.

COMMENTS ON VITAL STATISTICS

1. POPULATION :

The population of the County continues to maintain an upward trend and in the Tables of Vital Statistics appearing in previous pages rates involving calculation on a population basis are calculated on a figure of 257,400 which is the estimated total population of the County at 30th June, 1960, as determined by the Registrar General, in comparison with a total of 254,300 as at 30th June, 1959. The population at the 8th April, 1951, according to the census taken on that date was 241,181. A new census is to be taken in the Spring of 1961.

The natural increase of population for the year is 2,647, representing the excess of the Total Live Births registered, 5,492, over the Total Deaths Registered, 2,845. The following are comparative figures of births and deaths registered since 1949 with the resultant annual natural increases :

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
No. of Births												
Registered	4,664	4,685	4,670	4,689	4,913	4,836	4,951	5,067	5,157	5,144	5,253	5,492
No. of Deaths	2,645	2,725	3,022	2,691	2,596	2,749	2,723	2,764	2,710	2,750	2,835	2,845
Natural Increase	2,019	1,960	1,648	1,998	2,317	2,087	2,228	2,303	2,447	2,394	2,418	2,647

Apart from the natural increase of population noted, which is offset to some extent by emigration, the continuing development of new housing estates tends to attract new residents to the County, particularly in those parts adjoining the Belfast County Borough. These areas which were predominantly rural in character are fast becoming urbanised. Many new major housing schemes have been completed in the past decade while others are in the course of completion as will be seen from the section of this report dealing with Housing Progress. Further housing development at present in the planning stages will inevitably tend to further increases of population in the future, and the County Health Services will as a consequence require careful planning and organisation to ensure that they provide adequate facilities for an expanding community.

2. MARRIAGES :

The number of marriages recorded during the year, 1,498, is similar to the total recorded for the previous year. The marriage rate for the year is 5.8 per 1,000 estimated population in comparison with rates of 5.5, 6.2, 5.9, 5.8, 5.6 and 5.9 for 1954, 1955, 1956, 1957, 1958 and 1959 respectively. Marriage figures relate only to those marriages celebrated within the County there being no system of allocation according to normal place of residence.

3. (a) BIRTHS :

Registered Live Births 5,492, are higher by 239 than the number recorded during the previous year and represent the highest total recorded during the last thirteen years. The birth rate, 21.3 per 1,000 estimated population, shows an increase on that of 20.7 recorded for the previous year and is also the highest rate recorded since 1948.

Compared with the total of 5,492 Registered Live Births for the year Table 13 shows that a total of 5,548 Live Births were notified, notifications thus being in excess of registrations by 56. Excesses of this nature, though of varying degree, have occurred in each year since notification was introduced as a statutory measure to the whole of the County, with the exception of 1955 in which year as will be seen from Table 16 Registered Live Births were in excess of Notified Live Births by 44. Further reference is made to the recurring disparity between Registered Live Births and Notified Live Births in the section dealing with the Notification of Births Acts.

(b) ILLEGITIMATE BIRTHS :

One hundred and three Illegitimate Live Births were registered during the year under review in comparison with totals of 88, 108, 91, 103, 92 and 110 for the years 1953, 1954, 1955, 1956, 1957, 1958 and 1959 respectively. The total number of Illegitimate Live Births recorded in Northern Ireland during the year was 815 in comparison with a total of 744 for the previous year.

Two deaths of illegitimate children occurred during the year at an age of under one year giving a related Infant Mortality Rate of 19.4 in comparison with rates of 19.2 and 18.2 for 1958 and 1959 respectively and an average rate of 37.8 for the previous ten years.

4. DEATHS :

Two thousand eight hundred and forty five deaths were recorded during the year, an increase of 10 on the total of 2,835 registered during the previous year, the death rate, 11.1 per 1,000 population, being equivalent to that recorded in 1959. The following are comparative figures of total deaths and death rates recorded for each year since 1949 :

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Total Deaths	2,645	2,725	3,022	2,691	2,596	2,749	2,723	2,764	2,710	2,750	2,835	2,845
Death Rate	11.3	11.6	12.5	11.2	10.7	11.2	11.1	11.2	10.9	10.9	11.1	11.1

Of the total of 2,845 deaths during the year under review, 2,120 or 74.5 per cent. occurred after the age of 65 years and 1,218 or 42.8 per cent., over 75 years of age.

Heart Disease was again the greatest single cause of death, the number of deaths registered as due to its various forms during the year being 1,163 and representing 40.9 per cent. of the total deaths that occurred. The death Rate from Heart disease, all forms, is 4.5 per 1,000 estimated population compared with a rate of 4.3 for the previous year and denotes a continuation of the upward trend apparent in the mortality from this cause during the last four years.

The following are comparative figures of deaths due to Heart Disease, all forms, since 1950 from which it will be noted that during this year 49.9 per cent. of the deaths in this category relate to the age group "75 years and over," 26.6 per cent. to the age group "65 years and under 75 years," and 21.1 per cent. to the age group 45 to 64 years the pattern of general distribution indicating a marked rise in the number of deaths from Heart Disease in the latter age group.

	Under 25 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over	Total
1950—No. of Deaths	4	26	179	285	506	1,000
(per cent.)	0.4	2.6	17.9	28.5	50.6)	
1951—No. of Deaths	3	21	173	279	542	1,018
(per cent.)	0.3	2.1	17.0	27.4	53.2)	
1952—No. of Deaths	4	25	190	298	505	1,022
(per cent.)	0.4	2.4	18.6	29.2	49.4)	
1953—No. of Deaths	2	19	182	289	457	949
(per cent.)	0.2	2.0	19.2	30.4	48.2)	
1954—No. of Deaths	3	21	175	276	519	994
(per cent.)	0.3	2.1	17.5	27.8	52.3)	
1955—No. of Deaths	6	15	166	280	505	972
(per cent.)	0.6	1.5	17.1	28.8	52.0)	
1956—No. of Deaths	3	34	184	271	533	1,025
(per cent.)	0.3	3.2	18.0	26.5	52.0)	
1957—No. of Deaths	4	19	195	291	553	1,062
(per cent.)	0.4	1.8	18.3	27.4	52.1)	
1958—No. of Deaths	3	20	218	308	544	1,093
(per cent.)	0.3	1.8	19.9	28.2	49.8)	
1959—No. of Deaths	3	21	213	319	550	1,106
(per cent.)	0.3	1.9	19.3	28.8	49.7)	
1960—No. of Deaths	1	27	246	309	580	1,163
(per cent.)	0.1	2.3	21.1	26.6	49.9)	

In the age group "75 years and over" the greater proportion of the deaths due to Heart Disease relates to females while in each of the other groups the greater proportion relates to males, the position being most marked in the age group "45 to 64 years" in which of the total of 246 deaths recorded 155 related to males and 91 to females, while in the age group "65 to 74 years" 166 deaths related to males and 143 to females.

Vascular Lesions of the Central Nervous System ranked as the second greatest single cause of death, 436 deaths being registered under this category during the year and representing 15.3 per cent. of the total deaths that occurred, in comparison with 381 deaths ascribed to this cause during 1959 and representing 13.4 per cent. of the total deaths in that year. Of the total of 436 deaths due to Vascular Lesions during the year under review 353, or 80.9 per cent. occurred after the age of 65 years and 228, or 52.3 per cent., after 75 years of age.

Cancer ranked as the third greatest single cause of death, 414 deaths being registered as attributable to it during the year, representing 14.6 per cent. of the total deaths that occurred in the County in comparison with 15.6 per cent. in the previous year. The following figures show the number of deaths from Cancer during the past fifteen years from which it will be noted that the total for the year under review denotes a variation of the progressive upward trend in the number of deaths from this cause between 1946 and 1959 :

	Deaths of	Deaths of	Total	Deaths of	Deaths of	Total
	Males	Females	Deaths	Males	Females	Deaths
1946—	178	180	358	1954	164	196
1947—	184	177	361	1955—	181	209
1948—	149	206	355	1956—	171	219
1949—	162	189	351	1957—	204	198
1950—	177	172	349	1958—	194	225
1951—	173	169	342	1959—	219	224
1952—	193	164	357	1960—	229	185
1953—	180	197	377			414

Classification of the deaths from Cancer according to sex shows that the number of deaths of males from this cause continues to increase, the total for the year, 229, being substantially higher than the total recorded for any year since 1946. The most frequent sites of fatal Cancer among males during the year were Trachea Bronchus and Lungs 51, Stomach 45, Prostate 23, Intestines 21 and Rectum 14. The number of deaths of males attributed to Cancer of the Trachea, Bronchus and Lungs since 1950 were :

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
18	25	20	30	31	22	45	36	30	47	51

Deaths of females from Cancer, 185, are substantially lower than the total recorded for any year since 1953, a variation in the upward trend in such deaths noted between 1952 and 1959. The most frequent sites of fatal cancer among females were Breast 46, Stomach 33, Intestines 19, Pancreas 9, Trachea Bronchus and Lungs 9, Uterus 9 and Ovary Fallopian Tube and Broad Ligament 9.

Comparative figures of deaths from Cancer according to age groups are as follows :—

	14 years and under	15—24 years	25—44 years	45—64 years	65—74 years	75 years and over
1950—No. of Deaths	1	1	24	117	109	97
(per cent.)	0.3	0.3	6.8	33.5	31.2	27.9
1951—No. of Deaths	1	1	17	121	112	90
(per cent.)	0.3	0.3	5.0	35.4	32.7	26.3
1952—No. of Deaths	1	1	20	130	105	100
(per cent.)	0.3	0.3	5.6	36.4	29.4	28.0
1953—No. of Deaths	5	4	16	115	125	112
(per cent.)	1.3	1.0	4.2	30.5	33.2	29.7
1954—No. of Deaths	3	2	26	119	101	109
(per cent.)	0.8	0.6	7.2	33.0	28.1	30.3
1955—No. of Deaths	2	1	24	144	132	117
(per cent.)	0.5	0.3	6.2	29.2	33.8	30.0
1956—No. of Deaths	2	1	23	132	109	123
(per cent.)	0.5	0.3	5.9	33.8	28.0	31.5
1957—No. of Deaths	1	2	21	124	133	121
(per cent.)	0.2	0.5	5.2	30.9	33.1	30.1
1958—No. of Deaths	—	2	20	138	108	151
(per cent.)	—	0.5	4.8	32.9	25.8	36.0
1959—No. of Deaths	5	1	21	129	150	137
(per cent.)	1.1	0.2	4.8	29.1	33.9	30.9
1960—No. of Deaths	5	3	23	152	115	116
(per cent.)	1.2	0.7	5.6	36.7	27.8	28.0

From the foregoing figures it will be noted that the number of deaths in the age group "45 to 64 years" is considerably higher, while the totals in both of the upper age groups are substantially lower than those recorded in the previous year.

There were 11 deaths from Influenza and 66 deaths from Pneumonia during the year in comparison with respective totals of 37 and 112 for the previous year. Deaths from Influenza and Pneumonia fluctuate from year to year depending upon the absence or presence of Influenza epidemics, and the extremely low nature of the total deaths from both causes during the year indicate that there was an absence of any such epidemic in the County in 1960.

The following figures show the number of deaths from Bronchitis during the past thirteen years from which it will be noted that mortality from this cause has shown only slight variations over the period and that by far the greater number of deaths in each year relates to males :

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Deaths of Males	33	38	48	30	42	42	40	47	45	42	46	47
Deaths of Females	28	36	34	15	22	25	24	24	18	20	23	33
Total Deaths	61	74	82	45	64	67	64	71	63	62	69	80

Deaths due to Hodgkin's Disease and Leukaemia, 13, are lower by 8 than the total recorded for the previous year, while deaths attributed to Diabetes Mellitus, 22, remain at the same level.

Deaths attributed to Rheumatic Fever, 2, and Chronic Rheumatic Heart Disease, 43, are higher respectively by 2 and 15 than the respective totals for 1959.

There were 10 deaths from Cirrhosis of the Liver a decrease of 3 on the previous year in which a higher mortality from this cause was noted.

Deaths due to Nephritis and Nephrosis number 19, a decrease of 3 on the total for the previous year, while those attributed to Hyperplasia of the Prostate, 22, show an increase of 6 on the previous year's total.

Deaths registered during the year as due to Tuberculosis, all forms, totalled 21 in comparison with totals of 31, 35 and 22 for 1957, 1958 and 1959 respectively. The mortality rate from Tuberculosis, 0.08 per 1,000 population, is a record low rate for the County. All relevant details regarding Tuberculosis including comparative figures of general incidence, deaths, etc., have been included in the section dealing with Tuberculosis.

The following are comparative figures of deaths from Accidents as allocated between Motor Vehicle Accidents and Other Accidents from which it will be noted that the deaths in both groups continued at a high level :

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Deaths due to Motor Vehicle Accidents	23	34	22	23	40	19	26	31	26	29	28
Deaths due to Other Accidents	57	53	49	69	46	62	57	61	54	58	60
Total Deaths	80	87	71	92	86	81	83	92	80	87	88

From the following comparative figures of deaths due to Accidents (other than Motor Vehicle Accidents) it will be noted that the numbers in the upper age groups continue to be comparatively high, while deaths of children under 5 years of age attributable to Accidental Causes (other than Motor Vehicle Accidents) show a regrettable increase, although no such deaths of children under one year of age occurred during the year. In my previous Annual Reports I have drawn attention to the association of young children and the elderly with accidents in their home environment and to the steps taken with regard to Accident Prevention. The increasing mortality rate from accidental causes among the elderly gives cause for concern and shows that the problem of prevention of accidents requires continuous attention.

	Under 1 year	1—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65—74 years	75 years and over	Total
1950	3	1	2	4	4	15	8	20	57
1951	4	5	3	8	4	12	4	13	53
1952	2	2	1	2	8	7	3	23	48
1953	8	3	4	4	13	8	9	20	69
1954	4	4	3	1	5	3	6	20	46
1955	7	3	4	2	6	11	5	24	62
1956	3	3	4	1	8	13	6	19	57
1957	3	3	—	4	9	8	6	28	61
1958	—	2	1	4	6	8	6	27	54
1959	2	2	2	3	7	8	9	25	58
1960	—	6	1	4	7	6	10	26	60

5. INFANT MORTALITY :

Deaths of Infants under One Year of Age totalled 126 in comparison with the following for the previous eleven years :

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
188	166	187	160	149	150	129	141	119	128	132

The Infant Mortality Rate is 22.9 per 1,000 Live Births Registered, the lowest rate ever recorded in the County. The previous lowest rate, 23.1 per 1,000 Live Births Registered, was recorded in 1957. Table 10 shows the trend of the Infant Mortality Rate in the County for the past fifteen years.

The principal causes of death in this category were :

Diseases peculiar to Early Infancy	.....	.....	.....	.....	49
Congenital Malformations	.....	.....	.....	.....	33
Birth Injury, Post-Natal Asphyxia and Atelectasis	.....	.....	.....	.....	20
Pneumonia	.....	.....	.....	.....	11

Deaths in the category Diseases peculiar to Early Infancy show an increase of 13 on the total for the previous year while those attributed to Congenital Malformations are higher by one than the total recorded in 1959. The number of deaths of Infants under One Year due to Birth Injury, Post Natal Asphyxia and Atelectasis, 20, is a decrease of 6 on the total for 1959 while those attributed to Pneumonia, 11, represent a record low total being lower by 25 than the number due to this cause in 1950.

Of the total of 126 Infant Deaths 2 related to illegitimate children in comparison with 5 out of a total of 141 in 1956, 4 out of a total of 119 in 1957 and 2 in each of the years 1958 and 1959 out of respective totals of 128 and 132.

6. NEO-NATAL DEATHS :

The number of deaths which occurred at ages of less than one month was 99, giving a Neo-Natal Death Rate of 18.0 per 1,000 Live Births Registered. Details of the corresponding rates since 1947, the first year in which statistics in relation to Neo-Natal Deaths are available for the County as a whole are contained in Table 10.

From the following comparative figures of Neo-Natal Deaths classified according to age groups it will be seen that the figures in the age group " 1 to 4 weeks " continue to show a relatively improved position while those in the age group " under 1 day " which had shown an almost continuous decline in more recent years having during this year shown a sharp substantial increase.

	Under 1 day	1 to 6 days	1 to 4 weeks	Total
1948	43 (9.1)	40 (8.5)	25 (5.3)	108
1949	44 (9.4)	46 (9.9)	16 (3.4)	106
1950	34 (7.3)	49 (10.5)	21 (4.5)	104
1951	54 (11.6)	44 (9.4)	24 (5.1)	122
1952	48 (10.2)	37 (7.9)	17 (3.6)	102
1953	46 (9.4)	25 (5.1)	15 (3.0)	86
1954	56 (11.6)	34 (7.0)	13 (2.7)	103
1955	44 (8.9)	30 (6.1)	12 (2.4)	86
1956	47 (9.3)	45 (8.9)	13 (2.5)	105
1957	40 (7.8)	32 (6.2)	13 (2.5)	85
1958	40 (7.8)	32 (6.2)	19 (3.7)	91
1959	39 (7.4)	36 (6.9)	13 (2.5)	88
1960	53 (9.7)	39 (7.1)	7 (1.3)	99

Other diseases peculiar to Early Infancy (49 deaths) Congenital Malformations (25 deaths) and Birth Injury, Post-Natal Asphyxia and Atelectasis (20 deaths) account for practically all of the Neo-Natal deaths, the respective totals from these causes during the previous year being 36, 18 and 25.

Neo-Natal deaths registered under the various causes and associated with prematurity totalled 49, in comparison with the figure of 62 deaths of premature Babies recorded in Table 36 as occurring at ages of less than one month.

7. MATERNAL MORTALITY :

Deaths registered during the year as being due to Complications of Pregnancy, Childbirth and the Puerperium numbered 2 in comparison with totals of 4, 5, 5, 3 and 5 for 1955, 1956, 1957, 1958 and 1959 respectively.

MATERNITY AND CHILD HEALTH

TABLE 12—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—NUMBER AND CLASSIFICATION OF BIRTHS NOTIFIED AND RELATIVE EQUIVALENT CONFINEMENTS

		Live Births	Still Births	Total Births	Multiple Births		Equivalent Confine- ments
					Twin	Triplet	
(a) Number of births notified arising from confinements which occurred within the County.	Domiciliary Hospital	1,562	9	1,571	9	—	1,562
	Nursing Home	2,277	72	2,349	33	1	2,314
	Total	3,851	81	3,932	42	1	3,888
(b) Number of births notified to other Health Authorities (included in Part (a)).	Domiciliary Hospital	6	—	6	—	—	6
	Nursing Home	175	6	181	3	—	178
	Total	182	6	188	3	—	185
(c) Number of births notified arising from confinements which occurred in other Health Authority Areas.	Domiciliary Hospital	22	—	22	1	—	21
	Nursing Home	1,782	64	1,846	39	—	1,807
	Total	1,879	65	1,944	40	—	1,904
(d) Net total notified births applicable to the County.	Domiciliary Hospital	1,578	9	1,587	10	—	1,577
	Nursing Home	3,884	130	4,014	69	1	3,943
	Total	5,548	140	5,688	79	1	5,607

TABLE 13—NOTIFICATION OF BIRTHS ACTS 1907 AND 1915—NUMBER OF BIRTHS NOTIFIED DURING EACH QUARTER OF THE YEAR AND NUMBER OF BIRTHS (LIVE) REGISTERED BY THE REGISTRAR GENERAL

Quarter	Notified in County and applicable to County		Notified to Other Health Authorities		Notified by Other Health Authorities		Net Births applicable to the County			Births (Live) Registered by the Registrar General	Excess or Deficiency of Live Births Notified in comparison with Live Births Registered	
	Live	Still	Live	Still	Live	Still	Live	Still	Total		Excess	Deficiency
1st	906	11	45	—	441	18	1,347	29	1,376	1,320	27	—
2nd	918	20	51	2	521	28	1,439	48	1,487	1,451	—	12
3rd	951	25	56	2	451	9	1,402	34	1,436	1,384	18	—
4th	894	19	30	2	466	10	1,360	29	1,389	1,336	24	—
Total	3,669	75	182	6	1,879	65	5,548	140	5,688	5,491	57	—

TABLE 14.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—ALLOCATION OF NET TOTAL NOTIFIED BIRTHS (PART D OF TABLE 12)
ACCORDING TO DIVISIONAL AREAS, SEX, PLACE OF BIRTH AND EQUIVALENT CONFINEMENTS WITH LIVE AND STILL BIRTH RATES

Division	Total Live and Still Births	Live Births				Live Birth-rate per 1,000 Population	Still Births				Equivalent Confinements												
		Sex		Place of Birth			Sex		Place of Birth		Total		Domesticiliary										
		Male	Female	Male	Female		Male	Female	Male	Female	Male	Female	Hospital	Nursing Home									
1	548	534	279	255	54	471	9	16.77	14	6	8	—	—	26.2	5	—	543	54	480	9	—		
2	782	763	396	367	229	525	9	20.91	19	8	11	—	3	15	1	24.9	11	—	771	229	532	10	—
3	1,593	1,559	830	729	395	1,109	55	22.83	34	15	19	—	2	32	—	21.8	24	—	1,569	395	1,119	55	—
4	729	708	382	326	159	547	2	18.80	21	12	9	—	1	20	—	29.7	4	1	723	158	563	2	—
5	802	784	404	380	335	442	7	22.23	18	8	10	—	2	16	—	23.0	17	—	785	334	444	7	—
6	1,234	1,200	613	587	406	790	4	25.07	34	13	21	—	1	33	—	28.3	18	—	1,216	407	805	4	—
Total	5,688	5,548	2,904	2,644	1,578	3,884	86	21.55	140	62	78	—	9	130	1	25.2	79	1	5,607	1,577	3,943	87	—

† The Live Birth Rates shown are calculated on the Registrar-General's relative estimate of population as shown in Table 11.

TABLE 15.—ALLOCATION OF BIRTHS NOTIFIED BY HOSPITALS

Hospital	Division 1		Division 2		Division 3		Division 4		Division 5		Division 6		County		Notified to other Health Authorities		Grand Totals				
	Live	Still	Total	Live	Still	Total	Live	Still	Total												
Banbridge	—	—	6	5	—	—	—	—	—	—	51	2	411	12	423	48	2	459	
Bangor	—	—	261	—	—	25	—	—	—	—	—	—	—	292	6	298	3	—	295
Downe	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	14
Quoile	—	—	—	2	—	8	1	—	356	14	81	4	455	—	475	2	—	—	—
Mourne	—	—	—	—	—	—	—	—	—	—	—	—	—	94	1	95	—	94	20
Newry General	—	—	—	—	—	—	—	—	—	—	—	—	—	63	2	78	2	80	95
Newtownards	—	—	175	6	—	469	14	130	5	—	—	10	—	787	25	812	44	2	141
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total		...	436	12	476	14	169	6	371	11	367	14	283	9	2,102	66	2,168	175	6	181	2,277
Belfast City	—	7	1	18	—	—	370	12	3	—	9	1	2	—	409	14	423	—	—
Daisy Hill	—	—	—	—	—	—	—	—	—	—	1	—	480	22	485	22	—	485	507
Laganvalley	—	—	—	—	—	—	182	3	67	3	21	—	—	—	—	270	6	276	—
Lurgan	—	—	—	—	—	—	—	1	—	62	5	—	—	—	—	—	—	65	5
Malone Place	—	—	—	—	—	4	—	90	3	2	—	4	—	—	—	—	1	101	70
Mater	—	—	—	—	—	—	—	17	2	18	3	—	—	—	—	—	1	43	43
Royal Maternity	—	—	—	—	—	—	212	7	12	—	17	1	17	2	288	12	300	—	—
Johnstone House	—	—	—	—	—	6	—	56	1	4	—	5	—	—	—	—	1	84	85
Samaritan	—	—	—	—	—	—	—	7	—	—	1	—	—	—	—	—	8	1	9
Carleton	—	—	—	—	—	1	—	4	—	—	—	—	—	—	—	—	21	—	21
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	8
Total		...	35	2	49	1	940	26	176	9	75	2	507	24	1,782	64	1,846	—	—	—	—
GRAND TOTALS	...	471	14	525	15	1,109	32	547	20	442	16	790	33	3,884	130	823	458	4,014	—	—	—

TABLE 16.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—COMPARATIVE BIRTH STATISTICS FROM 1950

		1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Registered Live Births		4,685	4,670	4,689	4,913	4,836	4,951	5,067	5,157	5,144	5,253	5,492
Rate per 1,000 Population		19.7	19.3	19.5	20.2	19.8	20.2	20.5	20.7	20.5	20.7	21.3
Notified Live Births		4,805	4,788	4,794	4,942	4,894	4,907	5,071	5,160	5,147	5,331	5,548
Rate per 1,000 Population		20.3	19.8	19.9	20.4	20.0	20.1	20.5	20.7	20.5	21.0	21.5
Difference between Notified Live Births and Registered Live Births		120	118	105	29	58	—	4	4	3	3	56
Excess		—	—	—	—	—	—	—	—	—	—	—
Deficiency		—	—	—	—	—	—	—	—	—	—	—
Notified Still Births		132	135	148	143	134	162	136	163	132	131	140
Rate per 1,000 Notified Live Births		27.5	28.2	30.9	28.9	27.4	33.0	26.8	31.6	25.6	24.6	25.2
Live Births		2,395	2,228	2,057	2,062	1,948	1,833	1,805	1,805	1,622	1,622	1,578
Domiciliary		...	...	...	...	...	...	...	...	...	...	...
Hospital		...	...	...	...	...	...	...	...	...	...	...
Nursing Home		...	...	...	...	...	...	...	...	...	...	...
Still Births		43	48	49	36	25	31	26	25	21	24	9
Domiciliary		...	...	...	...	...	...	...	...	...	...	...
Hospital		...	...	...	...	...	...	...	...	...	...	...
Nursing Home		...	...	...	...	...	...	...	...	...	...	...
Distribution of Notified Births according to Place of Birth	Domiciliary	...	2,438	2,276	2,106	2,098	1,973	1,864	1,831	1,830	1,643	1,646
	Hospital	...	49.4	46.3	42.6	41.3	39.3	36.8	35.2	34.4	31.1	30.1
	Nursing Home	...	45.5	49.4	53.4	55.1	56.2	59.3	62.0	62.5	66.0	70.6
	Live and Still Births	...	5.1	4.3	4.0	3.6	4.5	3.9	3.9	3.1	2.9	2.1
	Grand Total	...	4,937	4,923	4,942	5,085	5,028	5,069	5,207	5,323	5,279	5,462
Births notified in County and applicable to County		3,803	3,570	3,508	3,498	3,324	3,407	3,504	3,571	3,556	3,684	3,744
... ...		77.0	72.5	71.0	68.8	66.1	67.2	67.3	67.1	67.4	67.4	65.8
Births notified by Other Health Authorities		1,134	1,353	1,434	1,587	1,704	1,662	1,703	1,752	1,723	1,778	1,944
... %		23.0	27.5	29.0	31.2	33.9	32.8	32.7	32.9	32.6	32.6	34.2

TABLE 17.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—DETAILS OF MULTIPLE BIRTHS NOTIFIED

Division	No. of Multiple Births	Sex			Condition		
		Male Twins	Female Twins	1 Male 1 Female	Live Born Twins	Still Born Twins	1 Live Born 1 Still Born
1	5	2	2	1	4	—	1
2	11	2	2	7	10	—	1
3	24	8	8	8	22	—	2
4	4	3	—	1	4	—	—
5	17	6	5	6	16	—	1
6	18	6	3	9	18	—	—
Total	79	27	20	32	74	—	5

TABLE 18.—STILLBIRTH RATES PER 1,000 NOTIFIED LIVE BIRTHS FROM 1950 TO 1960

Year	Division						County
	1	2	3	4	5	6	
1950	24.7	31.8	23.4	32.5	21.7	30.2	27.5
1951	21.8	28.3	23.7	25.1	31.3	35.3	28.2
1952	27.6	31.9	23.9	34.5	47.4	25.6	30.9
1953	24.8	32.3	30.7	32.3	31.1	22.9	28.9
1954	23.3	28.1	18.0	28.0	45.8	27.5	27.4
1955	31.5	34.6	33.8	37.1	40.7	23.9	33.0
1956	25.2	28.2	20.8	31.4	36.3	24.2	26.8
1957	20.0	30.3	29.9	29.5	42.2	33.9	31.6
1958	23.3	29.5	22.5	26.4	28.0	27.3	25.6
1959	10.0	39.1	15.6	28.1	35.9	23.9	24.6
1960	26.2	24.9	21.8	29.7	23.0	28.3	25.2
Average Rate 1950/1960	23.5	30.8	24.0	30.4	34.8	27.5	28.1

NOTIFICATION OF BIRTHS ACT 1907 and 1915

The Total Number of Births notified 5,688 is an increase of 226 on the figure of 5,462 recorded for the year 1959 and is the highest total since compulsory notification was introduced in the County in mid 1948. The previous highest total was that recorded in 1959. The figure of total notifications for the year under review is 16.2 per cent. higher than that for 1949 the first complete year in which compulsory notification applied.

Domiciliary Births, 1587 representing 27.9 per cent. of the Total Notified Births, are lower by 59 than the total notified during 1959 when a total of 1,646 was recorded. The decrease of 59 in Domiciliary Births in comparison with last year has been the general trend in this category since 1949 except for the year 1959 when an increase of 3 was recorded in comparison with 1958. Since 1949 when 2,526 Domiciliary Births were notified annual decreases of varying proportion in births have occurred, the decreases being :—

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
88	162	170	8	125	109	33	1	187	3 (Increase)

Hospital Births, 4,014, are higher by 313 than the total which occurred during 1959 and represent 70.5 per cent. of the Total Notified Births denoting a continuation of the increase in Hospital Births apparent in previous years. Since 1949 when a total of 2,073 Hospital Births were notified the following successive increases in births in this category have occurred :—

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
174	186	204	166	25	180	219	101	156	217	313

The total of 4,014 Hospital Births for this year is higher by 1,941, or 93.6 per cent., than the number of such births notified in 1949.

Nursing Home Births, 87, show a decrease of 28 on the figure of 115 notified in the previous year and represent the lowest total recorded since 1949 and are 1.5 per cent. of the Total Notified Births for this year. The number of births in this category have shown fluctuations from year to year but in general presented a downward trend, the total for this year being 70.7 per cent lower than the figure of 297 recorded in 1949.

The number of births that occurred in other Health Authority areas to residents of the County, 1,944, is an increase of 166 on the total recorded for the previous year and represents 34.1 per cent of the net Total Notified Births applicable to the County.

Reference has been made above to the fact that the number of hospital births continued to increase during the year under review but in contrast to the more recent years the greater proportion of the increase related to hospitals outside the County, notifications from hospitals within the County showing an increase of 140 in comparison with the previous year, and those from hospitals in other areas an increase of 173. Table 15 shows the births notified by hospitals during the year and the related distribution of such births according to the administrative areas. The following are comparative figures of total births notified by hospitals since 1951.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Notified by Hospitals in County	1,281	1,358	1,362	1,299	1,488	1,643	1,682	1,882	2,028	2,168
Notified by Hospitals in other areas	65	51	55	66	74	92	91	138	127	181
	1,152	1,279	1,441	1,529	1,520	1,584	1,601	1,602	1,673	1,846

In comparison with a total of 5,491 live births registered by the Registrar-General as being applicable to the County, a total of 5,548 live births were notified during the year, notifications therefore being in excess of registrations by 57 in comparison with relative excesses of 4, 3, 3 and 78 recorded for 1956, 1957, 1958 and 1959 respectively. (Still Births although notifiable do not require registration).

Examination of Table 11 reveals that in no case does the number of live births notified in any of the Divisional Areas agree with the number of births registered, notifications in some being higher than registrations and in others lower, as explained in my previous Annual Reports the differences are due to certain anomalies which exist between the system of notification and that of registration.

A total of 69 illegitimate births were notified during the year comprising 68 live births and one still birth, their distribution being :—

Division	1	2	3	4	5	6
Live	10	15	12	10	10	11
Still	—	—	1	—	—	—

while the number of illegitimate live births registered by the Registrar-General was 103.

The difference between the figures of notification and registrations is attributable to the fact that not all notifications of illegitimate births occurring in Belfast to mothers normally resident in County Down are transferred by the Belfast Health Authority, a number being retained for administrative reasons in connection with the City Child Health and Welfare Services, whereas the births are in general registered as applicable to County Down.

Table 14 contains the Live Birth Rates calculated on Notified Live Births based on the Registrar-General's estimated figures of the mid-year population. The highest local rate, 25.07 per 1000 population, is recorded in Division 6 which embraces Newry Urban, Kilkeel Urban, Warrenpoint Urban, Newry No. 1 Rural and Kilkeel Rural districts, and the lowest rate, 16.77 per 1,000 population is found in Division 1, embracing Bangor Borough, Donaghadee Urban and North Down Rural districts.

The overall Still Birth Rate is 25.2 per 1,000 Notified Live Births in comparison with 24.6 recorded in 1959. The highest local Still Birth Rate 29.7 per 1,000 Notified Live Births, is found in Division 4, while the lowest 21.8, is found in Division 3. Comparative Still Birth Rates for each Divisional Area since 1950 are shown in Table 18 together with the Average Rates over the period.

TABLE 19.—MATERNITY MEDICAL SERVICE—SUMMARY OF PROFESSIONAL SERVICES RENDERED BY GENERAL MEDICAL PRACTITIONERS UNDER THE COUNTY MATERNITY MEDICAL SERVICE, RELATED TO CLASSIFIED CONFINEMENTS

	Domiciliary Confinements	Hospital Confinements		Nursing Home Confinements	Totals
		Conducted by General Practitioners under the County Maternity Medical Service	Conducted by Hospital Staffs		
No. of women examined ante-natally	1,277	818	1,800	65	3,960
No. of ante-natal examinations made	10,136	6,941	13,635	555	31,267
No. of confinements attended by General Practitioners under the Maternity Medical Service	1,269	819	—	56	2,144
No. of women confined in hospital who were attended in labour at home by General Practitioners under the Maternity Medical Service	—	—	154	—	154
No. of Lying-in and post-natal visits made	8,024	5,168	2,950	385	16,527
No. of final pelvic examinations made	1,211	786	1,334	57	3,388
No. of cases in which a General Anaesthetic was administered by a second doctor	8	28	—	—	36
No. of confinements applicable to the County during the year	1,577		3,943	87	5,607

NOTES :— 1. Services rendered in the following types of cases are not included in the foregoing table :—

- (i) Cases which resulted in abortion or miscarriage.
- (ii) Cases in which women obtained services in the ante-natal stage but removed to live permanently in other Health Authority Areas before the actual confinement occurred.
- (iii) Cases in which the patients were not permanent residents of County Down.

- 2. In any case in which a woman obtained services from two or more doctors under the Maternity Medical Service, the services rendered by all of the doctors concerned in relation to Ante-Natal Examinations have been treated as if they had been given by one doctor.
- 3. The figure of 1,269 representing the number of Domiciliary Confinements attended by General Practitioners under the Maternity Medical Service includes 12 confinements in which the patients were only seen in labour or the patients had been delivered before the arrival of the doctor.

TABLE 20.—MATERNITY MEDICAL SERVICE—SUMMARY OF ANTE-NATAL SERVICES RENDERED BY GENERAL MEDICAL PRACTITIONERS RELATED TO CLASSIFIED CONFINEMENTS ACCORDING TO NUMERICAL GRADING OF ANTE NATAL EXAMINATIONS

Ante-Natal Examinations per case	Domiciliary Confinements	Hospital Confinements			Totals	
		Conducted by General Practitioners under the County Maternity Medical Service	Conducted by Hospital Staff	Nursing Home Confinements	No.	%
1	5	2	33	—	40	1.0
2	3	4	34	2	43	1.1
3	20	12	57	—	89	2.2
4	48	17	77	—	142	3.6
5	124	44	194	4	366	9.2
6	207	120	262	8	597	15.1
7	206	98	322	10	636	16.1
8	204	128	255	8	595	15.0
9	153	113	196	13	475	12.0
10	116	111	118	6	351	8.9
11	66	64	85	8	223	5.6
12	37	51	50	1	139	3.5
13	35	30	41	—	106	2.7
14	37	16	35	3	91	2.3
15	12	8	21	2	43	
16	2	—	4	—	6	
17	—	—	3	—	3	
18	—	—	1	—	1	
19	—	—	1	—	1	
20	—	—	5	—	5	
21	—	—	1	—	1	
22	1	—	1	—	2	
23	1	—	—	—	1	
25	—	—	1	—	1	
26	—	—	1	—	1	
28	—	—	2	—	2	
29	—	—	—	—	—	
Total	1,277	818	1,800	65	3,960	100.0

TABLE 21.—MATERNITY MEDICAL SERVICE—ANTE-NATAL SERVICES CLASSIFIED ACCORDING TO PERIOD IN WHICH GENERAL PRACTITIONERS BOOKED, AVERAGE ANTE-NATAL EXAMINATIONS PER CASE, EXPECTED PLACE OF CONFINEMENT OF BOOKED CASES, ETC.

ANTE-NATAL SERVICES							No. of Cases (Domiciliary Confinements only) in which doctors rendered Ante-Natal Services but did not attend confinement	No. of Cases in which no Ante-Natal Services rendered by doctors but confinement attended under Maternity Medical Service		
No. of women who booked services of doctor in ante-natal period		Average No. of Ante-Natal Examinations on Cases		Expected place of Confinement at time when doctor booked						
Before 28th week	After 28th week	Total	Booked before 28th week	Booked after 28th week	All Cases	Domiciliary	Hospital	Nursing Home	Unspecified	
1,215	62	1,277	8.1	4.7	7.9	1,092	109	1	75	18
Domiciliary Confinements										10
Hospital Confinements conducted by General Practitioners	783	35	318	8.7	4.5	8.5	45	719	—	54
Hospital Confinements conducted by Hospital Staff	1,729	71	1,800	7.7	4.0	7.6	502	1,145	8	145
Nursing Home Confinements	63	2	65	8.8	1.0	8.5	8	4	47	6
Totals	3,790	170	3,960	8.1	4.4	7.9	1,647	1,977	56	280
									18	13

TABLE 22.—MATERNITY MEDICAL SERVICE—COMPARATIVE FIGURES OF PROFESSIONAL SERVICES PROVIDED BY GENERAL MEDICAL PRACTITIONERS, 1952-1960.

Type of Confinement	1952	1953	1954	1955	1956	1957	1958	1959	1960
No. of women examined ante-natally									
Domiciliary	1,961	1,780	1,774	1,443	1,642	1,492	1,412	1,448	1,277
Hospital (a)	744	807	765	807	821	828	842	964	818
Hospital (b)	1,015	1,040	1,161	1,156	1,311	1,311	1,452	1,667	1,800
Nursing Home	99	98	168	148	124	121	128	90	65
Total	3,819	3,725	3,868	3,554	3,898	3,752	3,834	4,159	3,960
Average No. of ante-natal examinations									
Domiciliary	6.8	6.8	7.0	7.1	7.3	7.5	7.4	8.1	7.9
Hospital (a)	7.5	7.5	7.7	7.9	7.7	8.1	8.1	8.3	8.5
Hospital (b)	6.9	6.9	7.2	7.2	7.1	7.4	7.3	7.7	7.6
Nursing Home	8.2	7.4	8.2	8.3	8.4	8.5	9.1	8.6	8.5
Total	7.0	7.0	7.3	7.4	7.4	7.6	7.6	8.0	7.9
No. of confinements attended by General Practitioners under the Maternity Medical Service									
Domiciliary	1,981	1,779	1,762	1,445	1,628	1,492	1,372	1,418	1,269
Hospital	749	821	776	831	823	841	845	969	819
Nursing Home	—	51	152	137	120	113	121	86	56
Total	2,730	2,651	2,690	2,413	2,571	2,446	2,338	2,473	2,144
No. of women attended in labour at home before confinement in hospital									
Hospital	159	175	155	106	108	108	113	140	154
No. of women who received final pelvic examinations									
Domiciliary	1,891	1,689	1,674	1,387	1,532	1,339	1,339	1,354	1,211
Hospital (a)	724	766	739	782	794	791	818	908	786
Hospital (b)	829	807	854	886	963	954	1,087	1,230	1,334
Nursing Home	91	88	157	145	119	117	121	85	57
Total	3,535	3,350	3,424	3,200	3,408	3,201	3,365	3,577	3,388

NOTES :—1. Statistics regarding ante-natal examination and final pelvic examination in relation to hospital confinements are shown separately against Types (a) and (b), the former denoting hospital confinements conducted by General Practitioners under the Maternity Medical Service, and the latter confinements conducted by hospital staff.

2. The Domiciliary Maternity Scheme was extended to include attendance at confinements in Registered Nursing Homes as from 1st May, 1953, only.

MATERNITY MEDICAL SERVICE

As I think it may prove important to be able to study the present trends in the Maternity Medical Service I have again followed in the custom which I adopted in previous years of commenting in some detail upon the statistical returns.

UTILISATION :

Table 19 is a summary of professional services rendered by doctors under the Maternity Medical Service. The figures contained in the table are a summary of the data contained in case records submitted by medical practitioners during the year under review and are not directly related to confinements which occurred during the year. This practice has also been adopted in the compilation of the figures in Table 22 which is a comparative statement of the returns relating to the Service since 1952.

In comparison with the figures for the previous year Table 19 shows a decrease in the number of mothers who availed themselves of the ante-natal services provided and also of final pelvic examinations. Reference to Table 22 shows that fluctuations are a common feature of the annual returns relating to the Maternity Medical Service, but consideration of the returns on a quinquennial moving average basis, as will be seen from the following figures, gives an accurate impression of the trend of utilisation of the service.

		Five Years Ended					
		1955	1956	1957	1958	1959	1960
(a)	Average No. of Confinements	4,941	4,998	5,076	5,111	5,193	5,316
(b)	Average No. of Women examined ante-natally	3,738	3,773	3,759	3,781	3,841	3,923
	(b) expressed as percentage of (a)	75.7	75.5	74.1	74.0	74.0	73.8
(c)	Average No. of Women who received final Pelvic examinations	3,394	3,383	3,319	3,320	3,350	3,388
	(c) expressed as percentage of (a)	68.7	67.7	65.4	65.0	64.5	63.7

Comparative figures of confinements which occurred since 1950 according to actual place of confinement are as follows :—

	Domiciliary Confinements	Hospital Confinements	Nursing Home Confinements	Total
1950	2,412 (49.6%)	2,207 (45.3%)	250 (5.1%)	4,869
1951	2,258 (46.5%)	2,383 (49.1%)	210 (4.3%)	4,851
1952	2,085 (42.8%)	2,590 (53.1%)	198 (4.1%)	4,873
1953	2,073 (41.4%)	2,759 (55.0%)	183 (3.6%)	5,021
1954	1,950 (39.3%)	2,790 (56.2%)	226 (4.5%)	4,966
1955	1,849 (37.1%)	2,947 (59.0%)	195 (3.9%)	4,991
1956	1,816 (35.4%)	3,172 (61.7%)	149 (2.9%)	5,137
1957	1,821 (34.6%)	3,283 (62.3%)	163 (3.1%)	5,267
1958	1,628 (31.3%)	3,416 (65.8%)	150 (2.9%)	5,194
1959	1,630 (30.3%)	3,631 (67.6%)	114 (2.1%)	5,375
1960	1,577 (28.1%)	3,943 (70.3%)	87 (1.6%)	5,607

from which it is seen that the number of hospital confinements shows successive annual increases while domiciliary and nursing home confinements, apart from some minor variations, show decreasing totals of a substantial degree.

The total of domiciliary confinements for this year is a decrease of 53 on the figure for the previous year and a decrease of 835 on the figure for the year 1950. Since 1950 a fall of 34.6 per cent. has occurred in this category of confinements.

The total of hospital confinements for the year is an increase of 312 on the figure for the previous year and 1,736 on that for 1950. Since 1950 there has been an increase of 78.7 per cent. in this category of confinements.

Nursing home confinements are lower by 27 than the total recorded for the previous year and by 163 than that for 1950, the decrease in this category since 1950 being 65.2 per cent.

The Total Number of Confinements applicable to the County shows an increase of 232 in comparison with the figure for the previous year, and is the highest total recorded since the inception of the Committee's Maternity Schemes, being in excess of the number which occurred in 1950 by 738 or 15.2 per cent.

The comparative figures of classified professional services rendered by general practitioners under the Maternity Medical Scheme as contained in Table 22 and as averaged above, indicate that the overall trend of utilisation has been downward. This downward trend is due to the rapid rate of decline in the combined number of domiciliary and nursing home confinements over the period, associated with the fact that the increasing utilisation of hospital maternity facilities inevitably tends to decrease the number of women who avail themselves of the services provided by general practitioners.

BOOKINGS :

Of the total of 3,972 women who received services under the Maternity Medical Scheme, 12 or 0.3 per cent. failed to book the services of doctors before labour commenced, in comparison with 26 or 0.6 per cent. in 1959 and 19 or 0.5 per cent. in 1958. Of the number of women who had booked the services of doctors in the ante-natal period, i.e. 3,960, 170 or 4.3 per cent. did not engage the doctors until after the 28th week of pregnancy a rate which compares favourably with those of 5.1 per cent., 6.0 per cent. and 4.7 per cent. recorded for 1957, 1958 and 1959 respectively.

ANTE-NATAL SUPERVISION :

The tables show that of 1,577 confined at home 1,277 or 80.9 per cent. received ante-natal supervision, while of 3,943 confined in hospital 2,618 or 66.4 per cent. received ante-natal supervision under the Maternity Medical Service, and 65 or 74.7 per cent. of a total of 87 women confined in nursing homes received such supervision. Thus, in aggregate of the total of 5,607 confined during the year, 3,960 or 70.6 per cent., received ante-natal services, under the Committees Scheme. During 1959, 4,169 women received ante-natal services, representing 77.6 per cent. of the total of 5,375 women confined in that year. The total number of cases during the last five years in which women availed themselves of ante-natal services under the Maternity Medical Service, represents 73.8 per cent. of the total confinements which occurred in that period.

Table 20 contains a summary of the cases, in which ante-natal supervision was provided by doctors classified according to categories of confinements and numerical grading of ante-natal examinations carried out. The following is a comparison of examination groupings for this and the previous seven years from which it is seen that while the percentage figure in the lower group for this year is higher than that for the previous year, it is however, lower than for any of the other previous years and indicates that the trend towards earlier booking of doctors is on the whole being maintained.

	5 Examinations and less	6 to 10 Examinations	11 Examinations and over
1953	26.4%	64.4%	9.2%
1954	23.0%	66.9%	10.1%
1955	22.6%	65.1%	12.3%
1956	23.1%	63.3%	13.6%
1957	19.6%	65.9%	14.5%
1958	21.5%	65.0%	13.5%
1959	16.0%	66.6%	17.4%
1960	17.1%	67.1%	15.8%

AVERAGE ANTE NATAL EXAMINATIONS PER CASE :

The overall average number of ante-natal examinations per booked case is 7.9, the relative averages for domiciliary confinements, hospital confinements conducted by doctors under the Maternity Medical Service, hospital confinements conducted by hospital staffs and nursing home confinements being 7.9, 8.5, 7.6 and 8.5 respectively. Table 22 contains the averages recorded according to types of confinements since 1952 from which it will be noted that the increase in the various figures up to 1958 has been maintained during the year.

CONFINEMENTS :

The total number of domiciliary confinements which occurred during the year shows a decrease of 53 on the figure for the previous year. Of the total of 1,577 domiciliary confinements, doctors attended 1,269 or 80.4 per cent. under the scheme in comparison with 1,418 or 87.0 per cent. out of a total of 1,630 in 1959. During the last five years doctors engaged under the Maternity Medical Service attended at 84.7 per cent. of the domiciliary confinements that occurred over the period.

The number of women confined in hospital was 3,943 and in 819 cases or 20.8 per cent., the confinements were conducted by doctors engaged under the Maternity Medical Service and in a further 154 cases, or 3.9 per cent. the patients were attended in labour at home by doctors under the service prior to admission to hospital. In the latter cases the women had originally intended to have their confinements at home, but complications necessitated their transfer to hospital for delivery.

The total number of nursing home confinements which occurred during the year was 87, and doctors engaged under the scheme attended at 56 or 64.4 per cent., of these, in comparison with 86 or 75.4 per cent. out of a total of 114 in the previous year.

FINAL PELVIC EXAMINATIONS :

Table 19 shows that of the total of 5,607 women confined during the year 3,388 or 60.4 per cent. received final pelvic examinations under the Maternity Medical Service in comparison with 66.5 per cent. in the previous year.

The number of final pelvic examinations, 1,211 made of women who were confined at home represents 76.8 per cent. of the total number of domiciliary confinements, and 96.2 per cent. of those confinements which are applicable to the Maternity Medical Service.

The number of final pelvic examinations 2,120 made of women who were confined in hospitals represents 53.8 per cent. of the total number of hospital confinements, which occurred during the year. In relation to hospital confinements conducted by doctors under the Maternity Medical Service 786 out of a total of 819 received final pelvic examinations or 96.0 per cent., whereas out of a total of 3,124 confinements conducted by hospital staffs, the relative number of women who received final pelvic examinations under the Maternity Medical Service was 1,334 or 42.7 per cent. It is however important to note, that in addition many of the women whose confinements are conducted in hospitals by hospital staff, return to post-natal clinics in hospitals for final pelvic examination.

The number of women confined in nursing homes during the year was 87, and out of these 57 or 65.5 per cent., received final pelvic examinations under the Maternity Medical Service.

TABLE 23—HEALTH VISITING

(1) Personnel						Full-time	Part-time
						43	—
(i)	Number of Nurses employed as Health Visitors at 31st December, 1959					—	
(ii)	Number of these possessing H.V. Certificate or otherwise approved					40	—
(iii)	Number of Nurses employed as Health Visitors at 31st December, 1960					44	—
(iv)	Number of these possessing H.V. Certificate or otherwise approved					43	—

(2) Particulars of work done during the year

Div- ision	* No. of Health Visitors at 31/12/60	DOMICILIARY VISITS						In- effective	Total							
		Children under 1 year of age		Expectant Mothers	Mental Health	Other Special										
		Children aged 1—5 years	Children aged 5—14 years			Handi- capped Children	Infant Deaths	Still- births	Bad Homes Neglected Children and Boarded-out Children							
1	5	502	4,498	2,111	191	71	10	29	206	79	213	701	1,721	16,996		
2	6	761	3,523	6,561	241	47	76	11	45	398	102	69	457	606	14,114	
3	10	1,618	6,414	9,851	402	1,194	32	55	25	26	148	29	87	619	1,969	22,469
4	6	743	5,018	8,481	422	1,408	64	55	11	14	183	113	100	237	531	17,380
5	7	761	4,948	8,772	365	1,228	38	37	15	26	270	44	161	463	569	17,697
6	9	1,170	7,227	14,797	373	2,134	32	54	23	69	166	15	96	1,095	1,419	28,670
Totals	43	5,555	31,628	54,842	2,087	9,292	404	348	95	209	1,371	382	726	3,572	6,815	117,326

* The figures of Number of Health Visitors allocated according to Divisional Areas exclude one Health Visitor in Divisions 3 and 5 whose duties are devoted to Dietetics.

HEALTH VISITING

In comparison with the returns for the previous year, the figures under the different categories of domiciliary visits paid by the Health Visitors show a slight decrease, the differences in almost all cases being more or less within the normal range of fluctuations that occur from year to year, except in the case of visits classified under the headings Children aged 1-5 years and Mental Health, an appreciable decrease being recorded in the former and in the case of the latter, a very notable increase.

Mental Health was introduced as a new category in the Statistical table for 1959 and it is gratifying to report an increase in this branch of the Domiciliary Health Visiting Service.

TABLE 24—HEALTH VISITING—DIETETICS

Type of Cases	No. of New Cases	No. of Visits
Diabetic	57	1,617
Gastric	11	122
Reducing	11	77
Coeliac	1	61
High Protein ...	4	22
Other	3	18
—	—	516 (Ancillary)
Totals ...	87	2,433

The foregoing table is a statement of the work carried out by the Health Visitor assigned to advise in Divisions 3 and 5, on the maintenance of diets following the discharge of Patients from hospital, and a similar advisory service operated in Divisions 1 and 2 by the Senior Divisional Nursing Officers in those areas. Ancillary Visits include attendances at Hospital Extern Departments, Consultations with General Practitioners, Consultations with Home Nurses, attendances at Care and After Care Committee Meetings, and various Other Domiciliary Visits, re Domestic Helps, etc.

TABLE 25—HEALTH VISITING—TUBERCULOSIS—NUMBER OF DOMICILIARY VISITS MADE DURING THE YEAR.

Type of Visit	No. of Visits
New Cases	151
Contacts	746
Tuberculin Testing	1,562
Observation Cases	411
Non-Pulmonary Cases	297
Monthly (or more)	1,703
Quarterly	2,567
Yearly	265
Other	1,571
Total	9,273
No Access	1,167
Grand Total	10,440

The foregoing table is a summary of the domiciliary work carried out by an establishment of 6 Tuberculosis Health Visitors transferred to the employment of the Committee on the 1st April, 1959 concurrent with the transfer of certain Domiciliary Services relating to Tuberculosis from the dissolved Northern Ireland Tuberculosis Authority.

The 6 Health Visitors continued to work in a specialised capacity and carried out the visits as indicated. Arrangements are now almost completed for the integration of this service with the general Health Visiting Service.

TABLE 26—ANTE-NATAL AND POST-NATAL CLINICS

(i) No of Clinics at end of year provided by the Committee

8

(ii) Attendances at Clinics :—

Name of Clinic	Ante-Natal			Post-Natal		
	First Attendances	Subsequent Attendances	Total Attendances	First Attendances	Subsequent Attendances	Total Attendances
Bangor	249	1,461	1,710	74	2	76
Portaferry	1	—	1	—	—	—
Cregagh	103	416	519	5	68	73
Banbridge	87	374	461	66	7	73
Downpatrick	1	4	5	—	—	—
Ardglass	25	35	60	10	20	30
Killough	11	25	36	5	3	8
Strangford	20	62	82	15	29	44
Ballyhornan	28	41	69	18	23	41
Dundrum	1	2	3	—	—	—
Redburn (Holywood)	39	105	144	3	—	3
Totals	565	2,525	3,090	196	152	348

The clinic at Redburn (Holywood) opened on the 27th July, 1960.

The clinics at Downpatrick, Portaferry and Dundrum closed February, March and June, 1960.

All of the ante-natal clinics in operation at the end of the year were staffed by General Practitioners. They are combined Ante-Natal and Post Natal Clinics and with the exception of those at Bangor, Cregagh and Banbridge are held in conjunction with Child Health and Welfare Clinics.

Comparative figures of attendances at Ante-Natal and Post-Natal Clinics during the three previous years are :—

	Ante-Natal			Post-Natal		
	First	Subsequent	Total	First	Subsequent	Total
1957	512	2,507	3,019	178	27	205
1958	460	2,383	2,843	138	40	178
1959	480	2,414	2,894	241	46	287

With regard to post-natal work at clinics, it has been found in actual practice that the doctors in charge of cases often prefer to carry out their examinations either in the patients' homes or at their own surgeries.

TABLE 27.—CHILD HEALTH AND WELFARE CLINICS

Division	No. of Clinics in operation at 31/12/60			No. of Sessions held (S—Static, M—Mobile)			Attendances of Children under 1 year of age			Attendances of Children over 1 year and under 5 years			Attendances of Children of School Age	Grand Total No. of Attendances	Average Attendance per Session	
	Static		Mobile	First		Subs.	Total		First		Subs.	Total				
	1	7	—	7	—	—	S	—	350	414	5,955	6,369	49	3,495	3,544	28.6
2	14	—	—	14	—	—	S	—	311	570	5,661	6,231	60	3,332	3,392	31.2
3	16	—	—	18	—	—	S	—	524	1,263	13,784	15,047	273	6,929	7,202	43.1
4	7	7	—	7	—	—	S	—	193	346	2,789	3,135	35	1,505	1,540	164
						—	M	—	102	110	559	669	24	524	548	91
						—	Total	295	456	3,348	3,804	59	2,029	2,088	255	
5	13	—	—	13	—	—	S	—	385	511	4,730	5,241	64	3,692	3,756	25.1
							M	—	29	26	1,122	1,48	17	1,53	1,70	12.8
							Total	414	537	4,852	5,389	81	3,845	3,926	6,147	
6	9	—	—	9	—	—	S	—	437	718	4,800	5,518	119	3,799	3,918	36
							M	—	80	97	4,460	5,557	41	538	579	9,329
							Total	517	815	5,260	6,075	160	4,337	4,497	47	
County	66	1	68	1	68	1	S	—	2,200	3,822	37,719	41,541	600	22,752	23,352	23.5
							M	—	211	233	1,141	1,374	82	1,215	1,297	11.3
							Grand Total	2,411	4,055	38,860	42,915	682	23,967	24,649	1,208	
														68,772	28.5	

TABLE 28.—CHILD HEALTH AND WELFARE CLINICS—ATTENDANCES AT CLINICS
1951-1960 — COUNTY TOTALS

Year	No. of Clinics in operation at end of year	No. of Sessions held	Attendances of Children under 1 year of age			Attendances of Children over 1 year and under 5 years			Attendances of Children of School Age	Grand Total No. of Attendances	Average Attendance per Session
			First	Subs.	Total	First	Subs.	Total			
1951	50	1,600	2,618	21,271	23,889	1,430	12,428	13,858	864	38,611	24.1
1952	56	1,804	2,867	25,310	28,177	1,773	15,182	16,955	1,262	46,394	25.7
1953	58	1,798	2,915	27,390	30,305	1,185	17,224	18,409	1,077	49,791	27.7
1954	60	1,913	3,002	30,166	33,168	1,052	19,301	29,353	971	54,492	28.5
1955	63	2,231	3,450	31,594	35,044	1,392	22,442	23,834	1,492	60,370	27.1
1956	62	2,296	3,396	33,989	37,385	674	23,712	24,386	1,340	63,111	27.5
1957	62	2,270	3,600	33,120	36,720	705	25,702	26,407	1,170	64,297	28.3
1958	65	2,320	3,660	33,941	37,601	832	28,049	28,881	5,161	71,643	30.9
1959	67	2,433	4,097	37,813	41,910	714	28,516	29,230	3,105	74,245	30.5
1960	69	2,411	4,055	38,861	42,915	682	23,967	24,649	1,208	68,772	28.5

TABLE 29—CHILD HEALTH AND WELFARE CLINICS—FIRST ATTENDANCES OF CHILDREN UNDER 1 YEAR EXPRESSED AS PERCENTAGES OF LIVE BIRTHS NOTIFIED, ACCORDING TO DIVISIONAL AREAS—YEARS 1953 TO 1960.

Div- ision	1953			1954			1955			1956			1957			1958			1959			1960		
	No. of First Atten- dances	No. of Live Births	%																					
1	380	483	78.7	421	515	81.7	372	476	78.1	379	515	73.6	381	501	76.0	396	516	76.7	403	498	80.9	414	534	77.5
2	387	650	59.5	485	640	75.0	533	664	80.3	504	674	74.8	545	693	78.6	514	645	79.7	523	691	75.7	570	763	74.7
3	892	1,204	74.1	895	1,274	70.3	886	1,185	74.8	976	1,300	75.1	1,034	1,337	77.3	1,142	1,380	82.8	1,328	1,475	90.0	1,263	1,559	81.0
4	295	743	38.7	270	713	37.9	461	781	59.0	443	764	58.0	465	780	59.6	500	795	62.9	489	784	62.4	456	708	64.4
5	412	770	53.5	366	699	52.4	447	713	62.7	441	744	59.3	443	758	58.4	404	749	53.9	524	751	69.8	537	784	68.5
6	549	1,092	50.3	565	1,053	53.7	751	1,088	69.0	653	1,074	60.8	732	1,091	67.1	704	1,062	66.3	830	1,132	73.3	815	1,200	67.9
Total	2,915	4,942	59.0	3,002	4,894	61.3	3,450	4,907	70.3	3,396	5,071	67.0	3,600	5,160	69.8	3,660	5,147	71.1	4,097	5,331	76.9	4,055	5,548	73.1

CHILD HEALTH AND WELFARE CLINICS

New static clinics were opened at the following places during the year :—

DIVISION 3—Knockbracken on 7th July, 1960.

DIVISION—3—Redburn on 21st July, 1960.

and the establishment of clinics in operation at the end of the year with these additions was 68 static clinics (locations as shown on Page 87) and 1 mobile clinic.

In comparison with a total of 2,433 clinic sessions held during 1959 comprising 2,191 static and 242 mobile sessions, 2,411 clinic sessions were held during the year under review comprising 2,200 static and 211 mobile sessions.

The total number of attendances at Child Health and Welfare Clinics, 68,772, shows a decrease of 5,473 or 7.4 per cent. on the figure of 74,245 recorded for the previous year ; attendances at static clinics decreased by 3,893 or 5.6 per cent., while those at mobile clinics decreased by 1,580 or 35.7 per cent. Since 1951 there has been an increase of 78.1 per cent. in Total Attendances at the clinics provided by the Committee.

The overall Average Attendance per Clinic Session for the year is 28.5, the average for static clinics being 30.0, that for mobile clinics being 13.5. The overall average attendance per Clinic Session for the previous year was 30.5, the average for static clinics being 31.9 and that for mobile clinics 18.3.

The Total Number of Attendances at Mobile Clinics 2,845, represents 4.2 per cent. of the Total Number of Attendances at all types of clinics in comparison with 6.0 per cent. during the previous year.

Table 29 is a comparison of the number of First Attendances of Children under one year in each Divisional Area during the past eight years in comparison with the Number of Live Births Registered. The percentage rate of First Attendances of Children under 1 year for the whole of the County during the year is 73.1 per cent. being 3.8 per cent. lower than the highest rate of 76.9 recorded during 1959.

TABLE 30.—SPECIAL TREATMENT CENTRES

(a) **Ophthalmic Clinics** :—

	Div. 1 Bangor	Division 2		Div. 3 Cregagh	Div. 4 Bansbridge	Div. 5 Downpatrick	Div. 6 Newry	Total
		Newtownards	Portaferry					
No. of appointments for examination by Eye Specialist arranged	679	842	327	650	962	600	1,667	4,727
No. of appointments kept	562	686	246	526	756	454	1,148	4,378
No. of sessions held	47	49	20	24	66	40	132	378

There were no further developments in this branch of the services during the year. Provision of ophthalmologists is the concern of the Northern Ireland Hospitals Authority and provision of suitable clinic premises, equipment and ancillary staff is the responsibility of the Committee. While the number of clinics in operation remained the same as for the previous year, the total sessions showed an increase. During 1959, 277 sessions were held, 4,498 appointments were arranged and 3,394 attendances for examination were made.

(b) **Physiotherapy Clinics** :—See page 77.

(c) **Speech Therapy Clinics** :—See page 75.

TABLE 31.—NURSERY SCHOOLS

Name of School	No. of Approved Places		No. of Children on the Register at the end of the year		Average Daily Attendance	
	0—2 years	2—5 years	0—2 years	2—5 years	0—2 years	2—5 years
Bangor	—	50	—	45	—	40
Newtownards	—	25	—	23	—	22
Holywood	—	28	—	28	—	23

The above Nursery Schools are under the control of the Down Education Committee. Local Health Visitors generally visit daily to carry out cleanliness inspections and treat minor ailments, while the children undergo periodic routine medical inspection. The schools operate under the most modern type of supervision and the fact that there is no evidence of uncleanliness amongst the children is an indication of the efficiency of the supervisory care and the general health record of each is very satisfactory.

TABLE 32—REGISTERED FOSTER MOTHERS

The Health Committee has no statutory function in relation to the supervision of foster mothers, such work being within the statutory powers of the County Welfare Committee, but children who are boarded out or nursed for reward are visited or examined as a matter of routine under the County Child Health and School Health Services and liaison is maintained between the officials of both Committees. Reports on the home conditions of prospective foster mothers are furnished to the Divisional Welfare Officers by Divisional Medical Officers of Health on request.

TABLE 33—ILLEGITIMATE CHILDREN

The number of illegitimate live births registered during the year was 103, approximately one in 53 of the total live births, in comparison with a total of 110 registered in the previous year or approximately one in 47 of the total live births.

As routine supervision might tend to cause embarrassment to the unmarried mother, work of this nature in many cases remains with Medical Practitioners at their request. Where statutory functions are involved, Medical Practitioners are found to be very willing to co-operate with the Committee's officers.

Under the Legitimacy Act (N.I.) 1928, an illegitimate child whose parents have married becomes legitimate and the Registrar-General is empowered to authorise the re-registration of the birth. Such re-registrations affecting children living within the County are formally advised to the committee by the Registrar-General.

TABLE 34.—MATERNAL DEATHS—NUMBER OF WOMEN KNOWN TO HAVE DIED IN OR IN CONSEQUENCE OF CHILDBIRTH

	Place of Death	Division						Total
		1	2	3	4	5	6	
From Sepsis	Domiciliary	—	—	—	—	—	—	—
	Hospital	—	—	—	—	—	—	—
	Nursing Home	—	—	—	—	—	—	—
From Other Causes	Domiciliary	—	—	—	—	—	—	—
	Hospital	—	—	1	—	1	—	2
	Nursing Home	—	—	*1	—	—	—	1
Total		—	—	2	—	1	—	3

*Provisional Classification.

CARE OF PREMATURE BABIES

TABLE 35.—NUMBER OF PREMATURE BIRTHS NOTIFIED

Place of Birth		Live		Still		Total	
Domiciliary		50		2		52
Hospital		325		68		393
Nursing Home		—		—		—
Totals		375		70		445

TABLE 36.—PROGRESS SURVEY OF LIVE PREMATURE BIRTHS—SURVEY BASED ON PERIOD OF 28 DAYS FOLLOWING BIRTH

Division	Total No. of Live Premature Babies Born	Sex		Place of Birth		Place of Death		Classified Age Groups at Death					
		Male	Female	Domi-ciliary	Hospital	Nursing Home	Domi-ciliary	Hospital	Nursing Home	Under 24 hours	1-7 days	8-14 days	15-21 days
1	41	12	29	3	38	—	35	6	—	6	—	4	2
2	43	21	22	14	29	—	37	6	—	6	—	4	2
3	96	33	63	7	89	—	76	20	—	20	—	11	9
4	44	22	22	8	36	—	37	7	—	7	—	5	2
5	51	20	31	9	42	—	44	7	—	7	—	5	2
6	100	49	51	9	91	—	84	16	—	16	—	10	5
Totals	375	157	218	50	325	—	313	62	—	62	—	39	22
												1	—

TABLE 37.—NUMBER OF PREMATURE LIVE BABIES ACCORDING TO CLASSIFIED WEIGHT GROUPS AND PLACE OF BIRTH WITH RELATED DEATHS (NEO-NATAL DEATHS ONLY)

Classified Weight Groups	Place of Birth	Total	No. of Premature Live Babies Born						No. of Related Deaths of Premature Babies					
			1	2	3	4	5	6	1	2	3	4	5	6
A. 2 lbs. 3 ozs or less	Domiciliary Hospital	19	2	1	—	—	3	—	18	2	1	6	—	—
	Nursing Home	—	—	—	6	4	—	—	—	—	—	4	2	3
	Total	19	2	1	6	4	3	3	18	2	1	6	4	3
B. Over 2 lbs. 3 ozs. up to 3 lbs. 4 ozs.	Domiciliary Hospital	3	1	1	—	—	2	—	15	2	1	—	1	—
	Nursing Home	23	—	3	8	3	2	2	—	—	2	5	2	4
	Total	26	1	4	8	3	4	6	17	1	3	5	2	4
C. Over 3 lbs. 4 ozs. up to 4 lbs. 6 ozs.	Domiciliary Hospital	7	—	3	—	1	2	1	—	1	—	—	1	—
	Nursing Home	77	5	7	22	9	13	21	15	1	2	5	1	2
	Total	84	5	10	22	10	15	22	15	1	2	5	1	2
D. Over 4 lbs. 6 ozs. up to 4 lbs. 15 ozs.	Domiciliary Hospital	9	—	2	2	1	7	17	4	—	—	—	—	—
	Nursing Home	49	3	3	14	5	—	—	—	—	—	2	—	2
	Total	58	3	5	16	7	8	19	4	—	—	2	—	2
E. Over 4 lbs. 15 ozs. up to 5 lbs. 8 ozs.	Domiciliary Hospital	31	3	8	5	5	4	6	—	—	—	—	1	—
	Nursing Home	157	27	—	—	39	15	17	8	2	—	2	—	3
	Total	188	30	23	44	20	21	50	8	2	—	2	—	2
All Groups	Domiciliary Hospital	50	3	14	7	8	9	2	—	1	—	1	1	3
	Nursing Home	325	38	29	89	36	42	91	60	6	—	20	7	16
	Total	375	41	43	96	44	51	100	62	6	6	20	7	16

TABLE 38—DETAILS OF PREMATURE LIVE BABIES BORN AT HOME

Division	Weight Group	No. of Premature Live Domiciliary Births	Transferred to Hospital			Nursed entirely at Home				
			Survived	Died	Total	No. who died within			Survived	Total
						24 hours	1—7 days	8—28 days		
1	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	—	—	—	—	—	—	—	—	—
	D	—	—	—	—	—	—	—	—	—
	E	3	—	—	—	—	—	—	3	3
	Total	3	—	—	—	—	—	—	3	3
2	A	—	—	—	—	—	—	—	—	—
	B	1	—	1	1	—	—	—	—	—
	C	3	2	—	2	—	—	—	1	1
	D	2	1	—	1	—	—	—	1	1
	E	8	4	—	4	—	—	—	4	4
	Total	14	7	1	8	—	—	—	6	6
3	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	—	—	—	—	—	—	—	—	—
	D	2	1	—	1	—	—	—	1	1
	E	5	—	—	—	—	—	—	5	5
	Total	7	1	—	1	—	—	—	6	6
4	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	1	1	—	1	—	—	—	—	—
	D	2	2	—	2	—	—	—	—	—
	E	5	1	—	1	—	—	—	4	4
	Total	8	4	—	4	—	—	—	4	4
5	A	—	—	—	—	—	—	—	—	—
	B	2	1	—	2	—	—	—	—	—
	C	2	2	—	2	—	—	—	—	—
	D	1	—	—	—	—	—	—	1	1
	E	4	2	—	2	—	—	—	2	2
	Total	9	5	1	6	—	—	—	3	3
6	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	1	1	—	1	—	—	—	—	—
	D	2	1	—	1	—	—	—	1	1
	E	6	2	—	2	—	—	—	4	4
	Total	9	4	—	4	—	—	—	5	5
County	A	—	—	—	—	—	—	—	—	—
	B	3	1	2	3	—	—	—	—	—
	C	7	6	—	6	—	—	—	1	1
	D	9	5	—	5	—	—	—	4	4
	E	31	9	—	9	—	—	—	22	22
	Total	50	21	2	23	—	—	—	27	27

TABLE 39.—PREMATURE LIVE BABIES—COMPARATIVE INCIDENCE AND MORTALITY RATES, 1953-1960

	1953	1954	1955	1956	1957	1958	1959	1960
Total No. of Live Births Notified	4,942	4,894	4,907	5,071	5,160	5,147	5,331	5,548
No. of Premature Live Births	301	301	342	317	325	346	369	375
Prematurity Incidence Rate	6.1	6.2	7.0	6.2	6.3	6.7	6.9	6.8
Mortality Rate per 100 Live Premature Births	13.0	19.6	14.3	19.9	14.5	13.3	15.4	11.2

TABLE 40—COMPARATIVE DETAILS OF PREMATURE LIVE BABIES BORN AT HOME, 1953—1960

		1953	1954	1955	1956	1957	1958	1959	1960
No. of Premature Babies born at home	.....	64	73	61	49	62	65	52	50
Transferred to Hospital	Survived	21	14	18	15	22	21	24	21
	Died	8	8	4	5	4	9	3	2
	Total	29	22	22	20	26	30	27	23
Nursed entirely at home	Survived	33	48	34	25	31	35	23	27
	Died	2	3	5	4	5	—	2	—
	Total	35	51	39	29	36	35	25	27
Mortality Rate per 100 Live Premature Domi- ciliary Births	.....	15.6	15.1	14.7	18.4	14.5	13.8	9.6	4.0

CARE OF PREMATURE BABIES

Prematurity is based on a birth weight of $5\frac{1}{2}$ lbs. or less and, in accordance with this classification, the number of premature live births notified during the year was 375, giving an incidence rate of 6.8 per 100 live births notified compared with that of 6.9 for 1959. Table 39 shows the incidence of prematurity in each year since 1953 from which it will be noted that the general trend of incidence over this eight year period has been upward except for the current year which shows a slight decrease.

Notifications of premature still births totalled 70, a figure slightly less than that of 1959, and denoting a further decline in the incidence of such births having regard to the much greater number of total births which occurred in the County during the year under review.

Table 37 contains details of the premature live births classified according to prescribed weight Groups and comparison of the figures with the returns for the previous years shows that the preponderance in the upper groups follows the usual pattern, the distribution being :—

Group A—2 lbs. 3 ozs., or less	.....	.....	19 or 5.2 per cent.
Group B—Over 2 lbs. 3 ozs. up to 3 lbs. 4 ozs.	.....	.....	26 or 6.9 per cent.
Group C—Over 3 lbs. 4 ozs. up to 4 lbs. 6 ozs.	.....	.....	84 or 22.2 per cent.
Group D—Over 4 lbs. 6 ozs. up to 4 lbs. 15 ozs.	.....	.....	58 or 15.5 per cent.
Group E—Over 4 lbs. 15 ozs. up to 5 lbs. 8 ozs.	.....	.....	188 or 50.2 per cent.

Mortality in Relation to Prematurity :

Of the total of 375 premature live babies born during the year, 62 died at ages of less than one month giving a related neo-natal mortality rate of 16.5 per 100 live premature births in comparison with rates of 14.3, 19.9, 14.5, 13.3 and 15.4 for the years 1955, 1956, 1957, 1958 and 1959 respectively. The rate for the year under review is a reduction of 33.2 per cent. on the rate of 24.7 recorded for the year 1949, the latter being the first complete year following the inception of the Committee's Maternity and Child Welfare Schemes for which statistics are available. Distribution of the deaths according to Weight Groups is :—

Group A—18 deaths (Group Mortality Rate 95.0)
Group B—17 deaths („ „ „ 65.4)
Group C—15 deaths („ „ „ 17.8)
Group D—4 deaths („ „ „ 6.9)
Group E—8 deaths („ „ „ 4.3)

the naturally high mortality rates associated with the Lower Weight Groups being again apparent. Compared with the figures for the previous year the most notable increase has been in Group B, with a Mortality Rate of 65.4 compared with a Mortality Rate of 48.1 recorded for 1959.

The overall mortality rate continues the slight increase noted in 1959 following the downward trend of the previous two years, 1958 and 1957.

Care of Premature Babies at Home :

The care of the premature baby born at home continues to be a special feature of the Committee's Domiciliary Midwifery and Nursing Services, involving the provision of suitable appliances and equipment to secure safe nursing at home and where necessary safe admission to premature baby units in hospitals.

Table 40 contains comparative figures of premature babies born at home since 1953, the significant features of which are :—

- (i) the decrease in the numbers born at home in comparison with an annually increasing total of premature births, indicating that more of such infants, a high proportion of whom it is found require specialised care, are now born in hospitals where such care is immediately available.
- (ii) the increase in the proportionate numbers transferred to hospital for specialised care and the improved survival rate.
- (iii) the reduction in the related mortality rate from 15.6 in 1953 to 4.0 in 1960.

TABLE 41—INFECTIOUS DISEASES.

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia and Sepsis	
	Domi- ciliary Confin- ements	Institu- tional Confin- ements	Domi- ciliary Confin- ements	Institu- tional Confin- ements	Domi- ciliary Confin- ements	Institu- tional Confin- ements
Number of cases notified during the year	—	—	—	—	—	3
Number of cases visited by officers of the Committee	—	—	—	—	—	—
Number of cases for whom Home Nursing was provided	—	—	—	—	—	—
Number of cases removed to Hospital	—	—	—	—	—	—

PUERPERAL PYREXIA AND SEPSIS :

Of the three cases reported during the year, two occurred in the Castlereagh Rural Area, and the third case in the Holywood Urban Area. The three patients were confined in hospital, and after treatment, each patient was discharged fully recovered.

TABLE 42.—MATERNITY HOMES AND MATERNITY HOSPITALS

	Hospitals	Private Nursing Homes	Other Institutions
Number of Institutions	7	2	—
Number of Beds (exclusive of isolation and labour beds) at 31st December, 1960	69	5	—
Total Number of women admitted to these beds during the year	2,314	12	—
Total Number of women admitted from the Committee's area	2,138	10	—

TABLE 43.—RESIDENTIAL NURSERIES AND CHILDREN'S HOMES

Division	Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number for whom accommodation provided		
			Aged 0-2 years	Aged 2-5 years	Others
1	Childhaven, Millisle	Long-stay	—	—	28
	Cripples' Home, Bangor	Long-stay	—	2	32
2	De la Salle Home, Rubane House, Kircubbin	Long-stay	—	—	80
3	Marmion Home, Holywood	Reception	—	—	30
6	Our Mother of Mercy Home, Kilmorey Street, Newry	Long-stay	—	—	27

MARMION CHILDREN'S HOME :

This home is provided and administered by the Down County Welfare Committee. The Divisional Medical Officer of Health, Division 3, has been appointed (Under S.R. & O. 1952, No. 130, Article 8) as the Medical Officer to the home, save for the purpose of attendance on children in sickness, and he medically examines all children who are admitted or discharged. Routine visits are made to the home by the local Health Visitor under the County Child Health Scheme, thus providing follow-up of children who are not of school age. Children resident in the home and who are of school age attend local schools and are medically and dentally examined at Routine Inspections under the County School Health Services. The number of children in residence varies considerably and although the home has been classified as a Reception Centre, in practice it is found that while some children may be resident for short periods, others may remain for considerably long periods.

VOLUNTARY HOMES :

With the exception of Marmion Children's Home, the homes detailed in the foregoing Table are provided by Voluntary Societies and are registered under Section 99 of the Children's and Young Persons' Act (Northern Ireland), 1950. The Cripples' Home, Bangor, is recognised as a Special School and the De La Salle Home, Kircubbin as a Primary School. The latter institution is scheduled for medical and dental inspections under the School Health Services.

All of the Voluntary Homes in the Table are classified as Long-stay, but they also accept children for short periods when necessary.

IMMUNISATION AGAINST DIPHTHERIA

TABLE 44.—IMMUNISATIONS COMPLETED DURING THE YEAR

Division	Total	Under 1yr. 1960	1 1959	2 1958	3 1957	4 1956	5—9 1955— 1951	10—14 1950— 1946	Age at 31st Dec., 1960 <i>i.e.</i> , born in Year
1	581	236	191	56	24	19	42	13	Number of Immunisations completed (full course) during 1960
2	970	193	305	73	41	31	287	40	
3	1,477	263	651	134	59	20	278	72	
4	916	366	191	66	27	15	229	22	
5	797	121	318	96	45	28	175	14	
6	1,006	112	445	138	62	32	187	30	
Total	5,747	1,291	2,101	563	258	145	1,198	191	
1	705	—	—	1	—	62	397	245	Number of Maintenance Injections given during 1960
2	1,295	—	—	11	32	51	801	400	
3	1,524	—	1	3	1	35	1,111	373	
4	1,126	—	3	27	23	67	693	313	
5	926	—	1	—	1	15	835	74	
6	795	—	—	—	—	6	571	218	
Total	6,371	—	5	42	57	236	4,408	1,623	
County	47,342	1,291	3,139	3,043	3,103	3,217	17,259	16,290	Number of children who had completed a full course of immunisation from 1st Jan- uary, 1948, to 31st Decem- ber, 1960

TABLE 45.—IMMUNISATIONS DONE BY MEDICAL OFFICERS OF HEALTH

Division	1	2	3	4	5	6	Total
Number of children 0—5 years immunised at clinics	319	455	568	238	284	260	2,124
Number of school children immunised at schools or clinics	49	320	321	230	135	195	1,250
Number of children given re-inforcement injections	700	1,287	1,491	1,100	923	775	6,276

TABLE 46.—DIPHTHERIA IMMUNISATION RETURNS FOR THE COUNTY FROM 1/1/48 TO 31/12/60, BY AGE GROUPS.

Age at 31st December of each year	Tots by age Groups and % Immunisation by Age Groups										A. Total under 5 years at end of 1960=13,793, or 57 per cent. of this age group.		
	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Under 1 year	112	249	113	330	391	292	651	878	684	578	425	1,038	1,291
1 year	669	1,080	606	1,081	1,256	1,061	1,408	1,484	1,714	1,746	1,636	2,055	2,101
2 years	336	563	425	670	567	559	674	974	705	454	413	631	563
3 "	146	321	229	261	358	250	218	504	282	123	142	229	258
4 "	178	225	249	247	267	243	213	294	196	77	52	—	145
5 "	415	411	411	535	563	419	423	387	287	157	39	123	232
6 "	335	443	406	676	511	430	417	446	410	266	26	127	305
7 "	112	329	335	559	372	248	282	541	268	177	36	103	289
8 "	151	265	299	461	260	178	139	114	126	90	24	72	230
9 "	203	196	202	327	138	109	90	69	90	63	17	44	142
10 "	393	263	243	262	140	93	62	47	64	32	4	13	101
11 "	307	143	172	186	115	81	52	42	32	23	3	16	49
12 "	66	114	191	176	93	46	31	24	16	7	—	1	28
13 "	24	72	138	103	68	31	17	6	18	2	1	1	8
14 "	19	17	33	52	40	10	12	1	4	1	—	1	5

IMMUNISATION AGAINST DIPHTHERIA

The general administrative arrangements for the promotion of the Scheme for Immunisation against Diphtheria continued to function unchanged during the year.

Table 44 shows that 5,747 children were given a complete course of primary immunisation against Diphtheria, an increase of 1,187 on the number who received primary courses during the previous year, while 6,371 children received re-inforcement injections, representing an increase of 2,923 on the figure of 3,448 recorded for the previous year.

It is gratifying to report that the figure for 1960 is the third highest since the inception of the Committee's scheme for Immunisation against Diphtheria and is of considerable merit in view of the intensive programme of Immunisation against Poliomyelitis carried out during the year.

The following are comparative recorded totals of primary courses given during the past thirteen years from which it will be noted that, while the returns for 1960 are encouraging, a considerable effort will require to be made to raise the acceptance rate to a level comparable to the average annual figure of births occurring in the County :

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
3,486	4,723	4,080	5,986	5,139	4,050	4,689	5,811	4,896	3,796	2,818	4,560	5,747

Since 1st January, 1948, a total of 59,781 primary courses has been completed under the scheme, giving an annual average figure of 4,598 primary courses completed in comparison with an average figure of 4,983 live births in the County.

The following are comparative figures of primary immunisation of pre-school children during the past thirteen years :—

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
1,441	2,468	1,622	2,589	2,839	2,405	3,164	4,134	3,581	2,978	2,668	4,076	4,358

The total of 4,358 for the year under review is the highest recorded in this group since the inception of the Committee's Scheme under which the policy has been to endeavour to secure immunisation of children against Diphtheria at the earliest possible age. Since 1948 the returns in the pre-school groups have shown a constantly increasing trend, but it is regrettable that so many parents seem to defer acceptance of immunisation for their children at an early age.

Table 46 contains details of the number of children immunised by age groups from 1st January, 1948 to 31st December, 1960, this being the period during which the promotion of a diphtheria immunisation scheme has been directly a function of the Committee. The total stated in the upper group, C, is not a true figure of the degree of immunisation in this group, since it includes many children who were immunised prior to the inception of the Committee's Scheme, while the figures in all groups do not contain the relative immunisations completed privately by general practitioners in respect of which records were not returned. Comparative figures of the percentage recorded as immunised in the three age groups at the end of each of the past eight years are as follows :—

	A	B		C
		Under 5 years	5 years and under 10 years	
At 31st December, 1953		34%	51%	28%
" 1954		38%	58%	41%
" 1955		46%	66%	48%
" 1956		50%	72%	57%
" 1957		50%	69%	54%
" 1958		48%	67%	57%
" 1959		52%	68%	65%
" 1960		57%	71%	69%

Groups B and C largely comprise the school population of the County and, having regard to other factors, one can assess the actual immunisation state among school children to be reasonably close to the required safety level of 75 per cent.

This is the ninth successive year in which no case of Diphtheria has occurred in the County, and the complete absence of the disease has tended to make some parents apathetic towards its deadly potentialities. Constant use of propaganda is necessary to impress upon such parents the need to have their children protected at an early age.

IMMUNISATION AGAINST WHOOPING COUGH

TABLE 47—IMMUNISATIONS COMPLETED DURING THE YEAR

Division	Total	Under 1 year 1960	1 1959	2 1958	3 1957	4 1956	5—9 1955—1951	10—14 1950—1946	Age at 31st Dec., 1960 i.e., born in year
1	492	224	182	48	19	13	6	—	Number of Immunisations completed (full course) during 1960
2	641	192	303	69	33	22	22	—	
3	1,289	262	647	131	58	20	138	33	
4	672	363	186	66	26	9	22	—	
5	660	121	317	84	38	24	74	2	
6	863	112	445	135	62	32	64	13	
Total	4,617	1,274	2,080	533	236	120	326	48	
1	4	—	—	1	—	—	3	—	Number of Maintenance Injections given during 1960
2	157	—	—	11	32	34	62	18	
3	62	—	1	3	1	5	50	2	
4	122	—	3	26	23	32	38	—	
5	1	—	1	—	—	3	16	—	
Total	365	—	5	41	56	74	169	20	

TABLE 48—IMMUNISATIONS DONE BY MEDICAL OFFICERS OF HEALTH

Division	1	2	3	4	5	6	Total
Number of children 0—5 years immunised	280	431	564	225	271	259	2,030
Number of children 5—14 years immunised	—	16	143	4	31	55	249
Number of children given re-inforcement injections	—	149	30	95	—	—	274

IMMUNISATION AGAINST WHOOPING COUGH

The general administrative arrangements for the promotion of the County Scheme for Immunisation against Whooping Cough continued to function unaltered during the year.

Table 47 shows that 4,617 children were given a complete course of immunisation against Whooping Cough representing an increase of 465 on the total recorded for the previous year. Since the commencement of the scheme in 1952, a total of 24,564 children have been immunised, the numbers recorded for each year being :—

1952	1953	1954	1955	1956	1957	1958	1959	1960
187	488	1,991	3,860	3,640	2,957	2,672	4,152	4,617

The figure for the year under review is the highest yet recorded, and indicates an increasing awareness among parents of the suffering and ill-health resulting from this disease.

From Table 47 it will be seen that of the total of 4,617 who received primary courses during the year the great majority related to the lower age groups, 1,274 or 27.6 per cent. being under 1 year, 2,080 or 45.1 per cent. 1 year of age, 533 or 11.5 per cent. 2 years of age, 236 or 5.1 per cent. 3 years of age and 120 or 2.6 per cent. 4 years of age, these five age groups together accounting for 91.9 per cent. of the total. 2,279 or 49.4 per cent. of the total primary courses were completed by Divisional Medical Officers of Health at Child Health and Welfare Clinics and Schools, and 2,338 or 50.6 per cent. by General Practitioners, the respective figures for the previous year being 1,967 or 47.4 per cent. by Divisional Medical Officers of Health and 2,185 or 52.6 per cent. by General Practitioners.

The preference on the part of parents noted in previous years to have their children protected against more than one disease through a single series of inoculations rather than by separate prophylactic procedures against individual diseases was again evident, the distribution of the total primary courses according to type of prophylactic being :—

Whooping Cough only	.....	.....	.....	.....	.....	—	—	—
Combined Diphtheria and Whooping Cough	.....	.....	.....	.....	.....	1,556 (33.7 per cent.)	—	—
Triple Antigen—Diphtheria/Whooping Cough/Tetanus	.....	.....	.....	.....	.....	3,061 (66.3 per cent.)	—	—

The following figures show the incidence of Whooping Cough over the past ten years, according to notifications received under the Infectious Diseases Acts, with related deaths from the disease :—

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	
No. of Cases	426	631	479	298	758	798	61	235	241	75
No. of Deaths	4	2	1	2	3	2	—	—	2	—

Notifications indicate a very much reduced incidence of the disease during recent years, and it is encouraging to note that in three of the last four years there has been a complete absence of deaths from Whooping Cough. While this situation is encouraging it is still necessary for continued efforts to be made to immunise all young children in the County at the earliest possible age.

IMMUNISATION AGAINST TETANUS

TABLE 49—IMMUNISATIONS COMPLETED DURING THE YEAR

Division	Total	Under	1	2	3	4	5—9	10—14	Age at 31st Dec., 1960 <i>i.e.</i> , born in year
		1 year	1960	1959	1958	1957	1956	1955— 1951	
1	237	76	117	30	9	3	1	1	Number of primary courses during 1960.
2	303	164	87	23	6	12	10	1	
3	1,079	241	541	80	42	18	124	33	
4	746	362	182	64	38	35	61	4	
5	563	109	265	67	33	26	59	4	
6	295	71	158	38	8	8	12	—	
TOTAL	3,223	1,023	1,350	302	136	102	267	43	

A scheme for immunisation against Tetanus operated during the year, largely through the use of multi-purpose prophylactics ancillary to the Schemes for Immunisation against Diphtheria and Whooping Cough. Table 49 shows that a total of 3,223 children received primary courses of protection against Tetanus, the distribution of the total courses according to type of vaccine being :—

Single.	Tetanus only	.....	.....	.....	.....	116 (3.6 per cent.)
Combined.	Tetanus and Diphtheria	.....	.....	.....	.....	46 (1.4 per cent.)
Triple.	Tetanus, Diphtheria and Whooping Cough	.....	.....	.....	.....	3,061 (95.0 per cent.)

This analysis indicates a distinct preference on the part of the public for the inoculation affording triple protection.

TABLE 50.—IMMUNISATION AGAINST POLIOMYELITIS — NUMBER OF PERSONS IMMUNISED AS AT 31st DECEMBER, 1960 ACCORDING TO DIVISIONAL AREAS, APPROVED GROUPS AND STAGES OF IMMUNISATION

Division	* Stage	Children aged 0-15 years	Persons aged 16-25 years	Persons aged 26-40 years	Expectant Mothers	General Practitioners, Nurses, etc.	Grand Totals
1	1	13	—	10	—	—	23
	2	818	109	81	46	2	1,056
	3	6,153	1,456	160	30	66	7,865
2	1	51	15	20	24	—	110
	2	799	30	85	86	24	1,024
	3	8,751	2,985	754	262	146	12,898
3	1	137	16	38	28	—	219
	2	188	19	149	229	177	762
	3	16,220	4,131	1,461	375	320	22,507
4	1	26	—	—	10	—	36
	2	228	359	211	71	74	943
	3	8,724	2,645	556	110	199	12,234
5	1	102	61	25	7	40	235
	2	1,149	478	65	148	48	1,888
	3	8,664	2,225	650	148	140	11,827
6	1	80	1	—	5	—	86
	2	1,333	907	110	179	121	2,650
	3	12,776	2,460	429	322	146	16,133
County	1	409	93	93	74	40	709
	2	4,515	1,902	701	759	446	8,323
	3	61,288	15,902	4,010	1,247	1,017	83,464
Grand Totals		66,212	17,897	4,804	2,080	1,503	92,496

* Stage 1—First Injection only, Stage 2—Two Injections only, Stage 3—Three Injections.

TABLE 51.—IMMUNISATION AGAINST POLIOMYELITIS—TOTAL NUMBER OF SECOND INJECTIONS AND TOTAL NUMBER OF THIRD INJECTIONS IN EACH YEAR SINCE INCEPTION OF SCHEME ACCORDING TO APPROVED GROUPS WITH RELATIVE TOTALS IMMUNISED IN EACH APPROVED GROUP AT END OF 1960.

Age at 31st December of each year	(a) SECOND INJECTIONS			(b) THIRD INJECTIONS			Totals in Approved Groups at 31st Dec., 1960	
	1957	1958	1959	1960	1957	1958	1959	1960
Under 1 year								
1 year	167	745	545	506	—	18	14	18
2 years	1,325	4,015	2,587	2,587	—	450	1,549	1,273
3 "	856	3,022	530	627	—	1,214	3,535	2,037
4 "	452	3,197	259	136	—	1,999	2,916	602
5 "	359	3,592	249	75	—	916	2,876	351
6 "	199	3,896	249	64	—	938	3,086	305
7 "	144	4,043	207	61	—	1,011	3,263	305
8 "	126	4,222	165	41	—	1,953	3,213	255
9 "	83	4,119	145	20	—	897	3,221	240
10 "	69	4,266	137	25	—	876	3,311	185
11 "	51	4,313	130	25	—	850	3,282	183
12 "	—	4,375	166	24	—	621	3,380	186
13 "	—	3,935	215	23	—	330	3,610	186
14 "	—	3,877	204	28	—	273	3,459	247
15 "	—	4,163	261	32	—	207	3,355	240
16 to 40 years	—	2,101	305	37	—	101	3,187	259
	—	385	12,112	3,449	—	26	4,748	11,643
				—	—	—	—	—
				1960=22,515	—	—	—	1960=19,912
Expectant Mothers	—	496	1,123	387	Total at end of 1960	2,006	563	675
Special Groups	—	590	734	139	Total at end of 1960	1,463	673	330
GRAND Total	3,831	59,352	20,523	8,281	91,787	—	10,703	53,241
						—	19,520	83,464

IMMUNISATION AGAINST POLIOMYELITIS

The general administrative arrangements for the promotion of the Scheme for Immunisation against Poliomyelitis continued to function unchanged during the year under review. In the earlier part of the year the Scheme was extended to embrace all persons who, at the time of their application, have not reached the age of forty. This new development now makes the number of approved groups provided for five, viz. :—

- (i) Children under 16 years of age,
- (ii) Expectant Mothers,
- (iii) Priority Contacts (General Practitioners), Hospital Staffs, etc.),
- (iv) Persons aged 16 years up to 25 years,
- (v) Persons aged 26 years up to 40 years.

The immunisation procedure continued to involve for all groups three injections comprising a primary course of two injections (to be commenced in the case of a young child at an age of not less than 6 months) and a third in the nature of a booster dose to be given not less than 7 months after the second.

Table 50 contains details of the total numbers immunised in the various approved groups and comparison of these with the corresponding figures for the previous year shows that considerable progress has been made in ensuring that the vital third injection is given.

At the end of the year 66,212 persons in the age group "0 to 15 years," or approximately 92 per cent. of the estimated potential number eligible had come forward for immunisation and of these 4,515, or 7 per cent., had received a course of two injections while 61,288, or 92 per cent., had received a full course of three injections. These figures show that a considerable advance has been made towards the objective of ensuring that the maximum possible number of children are fully protected against Polio myelitis and it is hoped that it will be possible to maintain the immunisation state of this group at a high level.

In the age group "16 to 25 years" a total of 17,897 had come forward for immunisation representing an acceptance rate of 46 per cent. of the population in this age group, while in the age group "26 to 40 years" a total of 4,804 or 8 per cent., of the population of this group had come forward. The response in these latter age groups has been disappointingly low and while every effort is being made both by the Committee's Officers and their General Medical Practitioner colleagues to interest adults in the Scheme for Immunisation against Poliomyelitis the position on the whole remains unsatisfactory. It is hoped that many of those still not immunised will ultimately be persuaded to accept the protection offered and every reasonable facility will continue to be made available to this end.

Table 51 shows in detail the total numbers who have received second injections in each year since the inception of the Scheme and similarly the total numbers who have received third injections with comparative rates of immunisation of certain prescribed groups based on estimated population in those groups.

While the present trend of incidence of Poliomyelitis is encouraging, it is, as yet, too early to assume that prophylactic measures have reached such a stage as to ensure complete freedom from the disease in the future. The high rate of immunisation among children is commendable and it is reasonable to hope that this level, if maintained, will largely secure freedom from the paralytic form of the disease in this group. The disappointing response in the adult age groups, in which several fatal cases have occurred in recent years, cannot, however, lend itself to the same optimistic forecast.

TABLE 52—BCG VACCINATION—NO. OF PRE-VACCINAL TESTS COMPLETED DURING THE YEAR AND THE RELATIVE NO. OF BCG VACCINATIONS COMPLETED.

Division	1	2	3	4	5	6	Totals
No. of Pre-Vaccinal Tests	274	1,106	446	174	1,721	623	4,344
No. found to be Re-actors	19	326	95	51	854	23	1,368
No. found to be Non Re-actors	255	780	351	123	867	600	2,976
No. of Vaccinations completed*	264	1,367	536	485	1,377	1,004	5,073

*—Includes vaccination of babies who were not subject to pre-vaccinal tests.

BCG VACCINATION

During the year the general scheme relating to BCG Vaccination promoted by the Committee made vaccination available to the following groups :—

- (i) individual infants on parental request.
- (ii) all school children of 12 years and upwards.
- (iii) children outside the foregoing groups on behalf of whom special requests for vaccination were received from general practitioners and parents.

Parallel with the Committee's scheme provision is also made through Chest Physicians for the vaccination of all suitable contacts, both children and adults, of cases of Tuberculosis.

Routine visits were made throughout the year by the Committee's Medical Officers to the following maternity hospitals to vaccinate new-born babies on behalf of whom vaccination had been requested :—

- Division 1—Bangor Hospital.
- Division 2—Newtownards Hospital.
- Division 3—Laganvalley Hospital, Lisburn.
- Division 4—Banbridge Hospital.
- Division 5—Downe Hospital, Downpatrick and Quoile Hospital, Downpatrick.
- Division 6—Daisy Hill Hospital, Newry (alternate attendances by arrangement with a Medical Officer from Co. Armagh), and Mourne Hospital, Kilkeel.

Facilities also continued to be made available for the vaccination of babies born at home and of those born in hospital but not vaccinated before discharge, through attendance at the Committee's Child Health and Welfare Clinics, and similarly for the vaccination of all others on behalf of whom it had been specially requested. Arrangements were also made, as circumstances permitted, for the vaccination of school children through the organisation of special clinics in schools. Chest Physicians similarly provided vaccination for suitable applicants through attendance at hospitals and clinics and domiciliary visiting.

Table 52 contains details of the work completed during the year, and as in the 1959 report the figures include the tests and vaccinations completed by Chest Physicians in addition to the returns of work completed by the Committee's Medical Officers. The figures denote a substantial increase of 1,739 on the figure of 3,334 recorded in 1959 or an increase of 52.2 per cent.

Parents and many General Practitioners regard vaccination as a primary factor in the reduction of the incidence rate to its present low level. Children who are contacts of Tuberculosis are at considerable risk, and there is no doubt that the protection afforded to suitable children through vaccination is an important matter which receives detailed attention in the investigation of all cases of Tuberculosis notified.

My grateful thanks are due to the general practitioners, teachers and Hospital Management Committees for the interest they continue to show in the work and for their ready help and co-operation which so greatly facilitate the smooth running of the scheme.

TABLE 53 :—VACCINATION AGAINST SMALLPOX

(a) Comparative Returns from 1951 to 1959

	1951	1952	1953	1954	1955	1956	1957	1958	1959
Number of Live Births notified	4,788	4,794	4,942	4,894	4,907	5,071	5,160	5,147	5,331
Percentage children successfully vaccinated or insusceptible to vaccination	92.05	92.81	93.10	92.40	92.64	92.50	94.88	94.35	93.94

(b) Vaccination Statistics for the Year Ended 31st December 1960

	Quarter Ended			Summary for Year		
	31st March	30th June	30th September	31st December		
Number of Live Births notified	1,347	1,439	1,402	1,360	100%	5,548
Number of children who died not vaccinated	38	26	28	35	2.58%	127
Number of children who left County not vaccinated	38	39	41	44	2.93%	162
Number of children successfully vaccinated	1,147	85.15%	83.26%	71.97%	3.23%	4,126
Number of children insusceptible to Vaccination	82	90	6.26%	132	56.77%	395
Number of children who are unfit to be vaccinated	14	15	1.04%	17	6.69%	395
Number of children not vaccinated at the time of writing	28	71	4.93%	175	1.21%	49
					0.22%	49
					30.51%	689
						12.42%

(The above table is based on records at 14th July, 1961)

Throughout the year two parents were prosecuted for failing to have their children vaccinated and Court Orders were granted in both cases.

I would call attention to the large percentage of children not Vaccinated for the Quarter Ending 30th September and the 31st December, 1960, which is mainly due to the impact of the Poliomyelitis Scheme. The defaulters will be attended to in due course and the necessary action taken.

The satisfactory position regarding Vaccination is mainly due to the co-operation and assistance given by the General Practitioners and the Divisional Medical Officers, together with the personal calls made by the Vaccination Enforcement Officer at the homes of the defaulters.

TABLE 54—HOME NURSING SERVICE

1. Personnel:—

At 1/1/60										At 31/12/60									
(a) Number of nurses employed:—																			
(i) for home nursing work only										19									
(ii) for home nursing and other duties										33									
(b) Equivalent in terms of whole-time service										33½									
(c) Number employed having Certificate in District Training										42									
(d) Number of Student Home Nurses employed										—									

2. Particulars of Work Done during the year:—

Division	No. of Home Nurses at 31/12/60	HOME NURSING										CASUAL TREATMENT										No. of Persons Treated at :—		Visits					
		New Cases Attended										No. of Persons Treated at :—										County		Ante-Natal		Clinic Sessions Attended		Child Health and Welfare	
		D	H	D	H	D	H	D	H	Total	Medical	Surgical	Tuberculosis	Mothers & Others	Residence Nurses	Doctors' Surgery	Home	Total	62	425	229	32	45	32	32	32	32		
1	6	493	39	118	51	—	2	7	84	794	20,647	5,019	40	444	26,150	354	—	65	6	425	229	32	45	32	32	32	32		
2	7	405	95	167	63	6	2	8	41	787	19,013	4,328	511	414	24,266	183	—	20	24	227	—	—	—	—	—	—	—	296	
3	11	590	84	234	105	9	3	9	44	1,078	26,331	7,664	647	284	34,926	1,084	21	558	—	1,663	—	—	—	—	—	—	—	291	
4	8	431	43	244	59	3	7	12	21	820	13,500	6,046	742	235	20,523	695	—	319	—	1,014	55	—	—	—	—	—	—	189	
5	9	613	77	411	75	6	2	15	75	1,274	21,458	8,309	863	204	30,834	859	475	932	4	2,270	—	—	—	—	—	—	—	234	
6	11	873	53	351	118	10	7	1	9	1,422	25,959	8,731	1,156	44	35,890	2,354	411	540	—	3,305	—	—	—	—	—	—	—	250	
Totals	52	3,405	391	1,525	471	34	23	52	274	6,175	126,908	40,097	3,959	1,625	172,589	5,529	907	2,434	34	8,904	284	75	1,305	75	75	75	75		
Grand Totals			3,796			1,996			57																				
Cases																													

D—denotes entirely domiciliary cases, i.e., patients who were not receiving treatment in hospital immediately previous to the commencement of attendance under the Home Nursing Service.
H—denotes cases discharged from hospital and referred for domiciliary nursing.

MIDWIFERY

TABLE 55—MIDWIVES (IRELAND) ACT, 1918, AND MIDWIVES AND NURSING HOMES ACT (NORTHERN IRELAND), 1929—NUMBER OF MIDWIVES WHO GAVE NOTICE OF INTENTION TO PRACTICE OR OF HAVING PRACTISED DURING THE YEAR.

TABLE 56—DOMICILIARY MIDWIFERY SERVICE—NUMBER OF MIDWIVES IN PRACTICE UNDER THE SCHEME AT THE END OF THE YEAR.

(a) Whole-time Midwives	....	....	....	....	....	....	24
(b) District Nurse Midwives	....	....	....	....	....	....	36
(c) Part-time Midwives	....	....	....	....	....	....	—
							—
						TOTAL	60

TABLE 57—NUMBER OF DOMICILIARY CASES ATTENDED BY MIDWIVES DURING THE YEAR

	Complete Cases	
	As Midwives	As Maternity Nurses
(a) By Whole-time Midwives	41	995
(b) By District-nurse Midwives	10	491
(c) By Part-time Midwives	—	—
(d) By Midwives in Private Practice	1	19
Totals	52	1,505

Ante-Natal Examinations :

Number of domiciliary cases where ante-natal examinations were carried out by Midwives
employed by the Committee 1,519
Total Number of ante-natal examinations made in the foregoing cases 14,734

Emergency Medical Aid under Midwives Act, 1918 :

Number of domiciliary cases in which medical aid was summoned Nil

Analgesia and Anaesthesia :

Number of Midwives employed by the Committee qualified as at 31st December, 1960, to administer gas and air analgesia	56
Number of domiciliary cases in which gas and air analgesia was administered during the year by qualified midwives	968
Number of sets of gas and air apparatus in use at 31st December, 1960	46
Number of domiciliary cases in which general anaesthesia was administered :	
(a) by general practitioners attending under the County Maternity Scheme	307
(b) by second doctor under the County Maternity Scheme	8

Suspensions :

Number of suspensions of midwives from general domiciliary practice during the year under Section 16 (3) of the Midwives (Ireland) Act, 1918 Nil

Maternity Packs :

Number of maternity packs issued during the year (Maternity Packs are issued free of charge in all domiciliary cases attended by doctors and midwives under the County Maternity Scheme) 1,827

Pupil Midwives :

Number of Pupil Midwives undergoing Part II Midwifery Training with the Committee during the year 16

TABLE 58.—REGISTRATION OF NURSING HOMES

	Number of Homes	Number of Beds provided		
		Maternity	Others	Total
Homes first registered during 1960	—	—	—	—
Homes on Register at end of 1960	2	5	26	31

Action taken during 1960 :

Number of applications for registration refused Nil
 Number of registrations cancelled Nil
 Number of appeals by aggrieved persons to a Court of Summary Jurisdiction Nil
 Number of cases in which fines were imposed Nil
 Number of registered homes inspected 2
 Number of inspections 4

SCHOOL HEALTH SERVICES

TABLE 59.—NUMBER AND TYPES OF SCHOOLS WITH AVERAGE NUMBERS ON ROLLS IN RELATION TO THE DIVISIONAL SCHEME OF ADMINISTRATION OF THE SCHOOL HEALTH SERVICES

Special Schools. Division 1—Stewart Memorial Home Bangor, and Crawfordburn Hospital. Division 2—Killard House, Newtonards. Division 3—Beechlawn Residential School Hillsborough

Grammar Schools administering approved private schemes in relation to Schools Medical Inspection. Division 5—Assumption High School, Ballynahinch. Division 6—Sacred Heart School (St. Clare's), Newry, and Our Lady's School, Convent of Mercy, Newry.

SCHOOL HEALTH SERVICES

MEDICAL INSPECTION

The total number of schools, 351, for which the Committee provide School Health Services is an increase of 2 on the figure for 1959, the average total number on the rolls being 48,219 in comparison with 48,456 for the previous year. Comparison of the distribution of the school population with 1959 shows that the total enrolled at Primary and Technical Intermediate Schools decreased by 808 and 404, while the numbers at Secondary Intermediate and Grammar Schools increased by 915 and 60 respectively. The allocation of the school population according to Divisional Areas shows that in comparison with the previous year the numbers in Divisions 1, 3 and 6 increased by 182, 123 and 74 respectively, while there were respective decreases of 353, 255 and 8 in Divisions 2, 4 and 5.

Table 59 contains a classification of the schools according to Administrative Divisional Areas and Types of Schools.

Scheme of Inspection :

The scheme of medical inspection was the same as for the previous year and was in accordance with the School Health Service Regulations (Northern Ireland) 1948, under which the following age groups are prescribed for routine medical inspection :—

- (i) entrants within the period of 12 months following the date of initial admission to school ;
- (ii) pupils in the age group 10 to 12 years ;
- (iii) pupils within the period of 12 months preceding the date on which attendance at school is no longer required by law.

The following age groups are also prescribed for routine medical inspection in accordance with recommendations made by the Committee and approved by the Ministry of Health and Local Government :—

- (iv) pupils in the age group 8 to 9 years,
- (v) pupils who have attained 16 years of age.

In addition, the scheme provides for the medical inspection of children referred by teachers and parents for examination on account of suspected defects, and also for the re-examination of children previously found to have defects.

The constant aim of this service, providing for the routine medical inspection of all scholars on four separate occasions during their school life with special examinations and re-examinations as necessary, and combining immunisation facilities for protection against certain diseases, is to prevent ill-health, where possible, by the early detection of defects and to promote better health in the children, so that every child can profit to the full from the Education Services.

Medical Inspections were carried out by the Divisional Medical Officers of Health and Assistant Divisional Medical Officers of Health in the school premises, every precaution being taken to ensure that the minimum of disturbance was caused to school routine. Summaries of Medical Inspections with regard to numbers examined, defects found and general comments on the incidence of defects are given on the following pages.

While the intensive campaign for immunisation against Poliomyelitis continued during the year under review, it is pleasing to note that 21,040 children were medically inspected, being an increase of 5,890 or 38.9 per cent. on the figure recorded for 1959. Routine medical inspections give an unrivalled opportunity for the Committee's Medical Officers, teachers, parents and health visitors to get together on the problem of the school child and his future well-being, and it is hoped that it will soon be possible to revert to the former position of keeping abreast with our obligations in this vital field of preventive medicine.

Private Medical Inspection Schemes in Voluntary Schools :

Three Voluntary Grammar Schools continued to provide their own School Medical Inspection Services in accordance with schemes approved by the Committee, the schools being detailed in the footnote to Table 59.

Co-operation :

Parental response to the invitation to be present at medical inspections continued on the average to be poor.

Teachers continued to give much valuable assistance to the Committee's Officers in the administration of the service.

School Hygiene :

Inspections of school buildings continued to be carried out at the same time as School Medical Inspections.

Co-ordination :

The various sections of the Public Health Services dealing with matters relating to child health and care have worked in close co-operation and the relationships with the other statutory and voluntary bodies concerned have continued in a satisfactory manner.

TABLE 60—NUMBER OF CHILDREN WHO WERE MEDICALLY EXAMINED, ACCORDING TO CLASSIFIED AGE GROUPS

Division	Routine Inspections						Special Examinations and Re-Examinations	Total No. of Children Examined		
	Statutory Groups			Other Groups		Total No. of Routine Inspections				
	First year at School	10—12 years	13—14 years	8—9 years	16+ years					
Inspection of schools participating in the Committee's Scheme	1	646	467	151	486	53	1,803	84	1,887	
	2	979	1,057	1,214	600	36	3,886	969	4,855	
	3	1,551	997	469	756	301	4,074	797	4,871	
	4	790	784	494	565	—	2,633	413	3,046	
	5	960	760	724	726	65	3,235	393	3,628	
	6	1,047	489	102	464	32	2,134	310	2,444	
	Total	5,973	4,554	3,154	3,597	487	17,765	2,966	20,731	
Inspection of schools operating own Medical Inspection Schemes	5	—	22	47	—	41	110	—	110	
	6	—	28	109	—	62	199	—	199	
	Total	—	50	156	—	103	309	—	309	
Grand Totals	.....	5,973	4,604	3,310	3,597	590	18,074	2,966	21,040

TABLE 61—GENERAL CONDITIONS OF CHILDREN EXAMINED

A—Good, B—Fair, C—Poor.

Division	First year at school			10—12 years			13—14 years			8—9 years			16+ years			
	A	B	C	Total			A	B	C	Total			A	B	C	
				A	B	C	A	B	C	A	B	C	A	B	C	
1	644	2	—	646	465	2	—	467	151	—	151	486	53	—	—	53 No. %
	99.7	0.3	—	100	99.6	0.4	—	100	100	—	100	100	100	—	—	100 No. %
2	932	45	2	979	1,030	26	1	1,057	1,185	28	1	1,214	568	30	2	600 No. %
	95.2	4.6	0.2	100	97.4	2.5	0.1	100	97.6	2.3	0.1	100	94.7	5.0	0.3	100 No. %
3	1,521	28	2	1,551	979	18	—	997	466	3	—	469	736	19	1	756 No. %
	98.1	1.8	0.1	100	98.2	1.8	—	100	99.4	0.6	—	100	97.4	2.5	0.1	100 No. %
4	773	17	—	790	749	34	1	784	479	15	—	494	543	22	—	565 No. %
	97.8	2.2	—	100	95.5	4.4	0.1	100	97.0	3.0	—	100	96.1	3.9	—	100 No. %
5	861	95	4	960	663	109	10	782	690	81	—	771	604	119	3	726 No. %
	89.7	9.9	0.4	100	84.8	13.9	1.3	100	89.5	10.5	—	100	83.2	16.4	0.4	100 No. %
6	997	50	—	1,047	492	24	1	517	208	3	—	211	441	21	2	464 No. %
	95.2	4.8	—	100	95.2	4.6	0.2	100	98.6	1.4	—	100	95.1	4.5	0.4	100 No. %
Totals	5,728	237	8	5,973	4,378	213	13	4,604	3,179	130	1	3,310	3,378	211	8	3,597 No. %
	95.9	4.0	0.1	100	95.1	4.6	0.3	100	96.04	3.93	0.03	100	93.9	5.9	0.2	100 No. %

TABLE 62—SUMMARY OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

O—denotes Defects requiring observation

T—denotes Defects requiring treatment

Defect	Division 1			Division 2			Division 3			Division 4			Division 5			Division 6			County	
	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T
Cleanliness	—	6	6	4	4	3	9	12	—	—	—	48	11	59	5	13	59	35	94	
	—	0.3	0.3	0.1	0.1	0.2	0.3	0.3	—	—	1.4	0.3	1.7	0.4	0.2	0.6	0.3	0.2	0.5	
Infestation	Head	—	18	18	—	117	117	92	—	25	25	19	35	54	6	2	8	25	289	
	Body	—	1.0	—	3.0	3.0	—	2.2	—	0.9	0.9	1.0	1.6	1.6	0.3	0.1	0.4	0.1	1.6	
Teeth	—	—	—	—	0.1	0.1	1	10	11	—	2	19	9	28	—	—	67	20	91	
	—	—	—	0.1	0.02	0.2	0.3	—	0.07	0.07	0.6	0.6	0.3	1.0	—	3.0	0.1	0.5	1.7	
Skin	Ringworm (Scalp)	No. %	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Ringworm (Body)	No. %	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Scabies	No. %	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Impetigo	No. %	—	2	0.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other Conditions	No. %	4	30	34	1	64	65	102	31	133	13	11	24	45	86	131	25	45	
Eyes	Vision	No. %	0.2	1.7	1.9	0.02	1.6	1.7	2.5	0.8	3.3	0.5	0.4	0.9	1.3	2.6	3.9	1.1	0.9	
	Squint	No. %	—	12	11	23	—	49	49	13	87	100	9	35	44	76	128	26	82	
	Other	No. %	—	—	1.3	1.3	—	1.3	1.3	2.1	2.4	0.3	1.3	1.6	2.3	1.5	3.8	1.2	3.7	
Ears	Hearing	No. %	0.05	0.1	2	3	8	6	14	26	13	39	5	1	6	18	3	21	4	
	Otitis Media	No. %	0.3	0.05	1	6	9	20	29	12	3	15	0.4	—	—	—	0.2	0.2	0.4	
	Other	No. %	—	—	—	—	—	1	1	5	2	7	2	—	—	2	0.1	4	5	
	Nose or Throat	No. %	—	58	85	143	214	79	293	713	147	860	338	226	564	266	50	316	535	76
		3.2	4.7	—	7.9	5.5	2.0	7.5	17.5	3.6	21.1	12.8	8.6	21.4	7.9	1.5	9.4	24.3	3.5	27.8

TABLE 62—SUMMARY OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS (Continued)

Defect	Division 1						Division 2						Division 3						Division 4						Division 5						Division 6						County							
	O		T		Total		O		T		Total		O		T		Total		O		T		Total		O		T		Total		O		T		Total									
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%										
Speech	7	11	18	25	45	47	21	68	35	6	41	39	31	70	31	17	48	184	106	290	106	1.0	0.6	1.4	2.1	1.7	2.1	1.0	0.7	1.0	0.6	1.6												
Cervical Glands	5	—	5	26	7	33	90	7	97	295	15	310	229	63	292	436	22	458	1,081	114	1,195	6.0	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	6.6												
Heart and Circulation	4	8	22	7	29	26	7	33	63	2	65	94	3	97	158	37	195	367	60	427	2.0	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	2.3													
Lungs (Non T.B.)	6	13	19	28	31	59	76	6	82	64	3	67	94	9	103	23	31	54	291	93	384	1.0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	2.1												
Tuberculosis	3	—	3	—	—	—	6	—	6	—	0.1	—	0.1	—	—	—	—	12	1	13	1	1	2	22	2	2	2	2	2	2	2	2	2	2	2									
Pulmonary	No. %	0.2	—	0.2	—	—	0.1	—	0.1	—	0.02	—	0.02	—	—	—	—	0.4	0.03	0.4	0.04	0.04	0.08	0.1	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01									
Non-Pulmonary	No. %	1	—	1	—	—	1	—	1	—	0.02	—	0.02	—	—	—	—	0.1	0.03	0.1	0.08	0.08	0.1	0.1	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04									
Hernia	No. %	1	—	1	—	—	1	—	1	—	0.02	—	0.02	—	—	—	—	0.5	0.07	0.1	0.4	0.06	0.5	—	—	2	1	1	3	7	2	9	2	9	2	9								
Other	No. %	—	—	—	—	—	19	9	28	103	27	130	7	1	8	33	14	47	12	1	13	174	52	226	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	1.3									
Posture	No. %	2	4	4	20	24	6	3	9	3	0.2	0.1	0.1	0.3	8	11	171	56	227	52	238	75	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.9											
Flat Foot	No. %	16	9	25	6	29	36	84	120	8	—	8	—	0.3	1.2	0.9	2.1	6.5	2.4	1.0	3.4	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.9												
Other	No. %	7	3	10	11	24	35	29	14	43	14	6	20	157	67	224	34	18	52	252	132	350	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.9											
Epilepsy	No. %	4	1	5	—	1	1	4	5	9	1	—	4	—	—	—	—	0.1	0.04	0.1	—	4	1	2	14	8	22	0.04	0.04	0.04	0.04	0.04	0.04											
Other	No. %	—	—	—	—	—	8	11	19	5	2	6	—	0.2	0.4	0.2	0.6	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04									
Development	No. %	—	—	—	—	—	1	0.5	0.1	0.05	0.1	0.05	0.1	0.05	0.1	0.1	1.3	1.6	0.3	1.9	0.4	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5						
Orthopaedic	No. %	2	2	4	20	24	6	3	9	3	0.2	0.1	0.1	0.3	8	11	171	56	227	52	238	75	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.9											
Nervous System	No. %	4	1	5	—	1	0.02	0.02	0.1	0.1	0.2	0.04	—	—	—	—	0.04	0.1	0.1	—	0.1	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04						
Other	No. %	—	—	—	—	—	8	11	19	5	2	6	—	0.2	0.4	0.2	0.6	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04							
Development	No. %	—	—	—	—	—	1	0.02	0.02	0.05	0.1	0.05	0.1	0.05	0.1	0.1	1.3	1.6	0.3	1.9	0.4	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5					
Stability	No. %	—	—	—	—	—	3	3	7	7	14	4	—	—	—	—	4	11	1	12	2	1	4	25	12	37	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6							
Psychological	No. %	—	—	—	—	—	0.1	0.1	0.1	0.1	0.2	0.07	—	—	—	—	0.1	0.3	0.3	0.1	0.04	0.2	0.1	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06			
Other Conditions	No. %	9	3	12	—	—	9	9	18	2	8	5	13	—	—	—	—	0.67	0.2	0.2	0.07	0.07	0.2	0.2	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07

General Condition of Children :

Table 61 is a summary of the general condition of children examined in the various age groups classified under three categories, i.e., A—Good, B—Fair and C—Poor. As experienced in previous years, the percentages shown against Divisional Areas vary to some extent though not substantially when varying conditions throughout the County are taken into account, and due regard is also paid to the fact that the criteria of general conditions must vary to some extent with the individual examining officer. The following are comparative figures of the relative percentages recorded during the past three years in relation to the Statutory age groups :—

Age Groups	A—Good			B—Fair			C—Poor		
	1958 %	1959 %	1960 %	1958 %	1959 %	1960 %	1958 %	1959 %	1960 %
First year at school	93.8	94.9	95.9	6.0	5.0	4.0	0.2	0.1	0.1
10—12 years	93.9	95.4	95.1	5.8	4.5	4.6	0.3	0.1	0.3
13—14 years	96.1	96.6	96.04	3.4	3.2	3.9	0.5	0.2	0.03

During recent years there has been a remarkable improvement in the general physique of children and also in their clothing and footwear, and there is no doubt that this has been contributed to by the provision of school meals and school milk, by the spread of Health Education amongst parents and by the general building up of the Social Services.

Cleanliness :

Defects in relation to general cleanliness found at routine medical inspections numbered 94, representing 0.5 per cent. of the children examined in comparison with rates of 1.0 per cent., 1.2 per cent. and 1.2 per cent. recorded for 1957, 1958 and 1959 respectively. It is very apparent that in general the modern school environment encourages a high sense of personal cleanliness in the individual child.

Infestation :

During the year defects in relation to infestation found at routine medical inspection numbered 425, representing 2.3 per cent. of the number of children examined, a rate which compares favourably with that of 2.5 per cent. recorded for the previous year. The level of incidence of infestation varies only slightly from area to area and in all cases stands at a very low level, a position that has not been attained without difficulty, nevertheless the results are gratifying and present a clear indication of the value of supervision of the school child by the Health Visitor and of the Committee's policy in the field of Health Education.

Dental Defects :

Of the total of 18,074 children examined at routine medical inspection 3,921, or 21.7 per cent., were found to have dental defects in comparison with a rate of 18.3 per cent. for the previous year. A report on the Dental Services will be found on Page 98.

Skin :

Routine medical inspections disclosed skin diseases in 2.5 per cent. of the children examined in comparison with a rate of 1.9 per cent. for the previous year, the incidence in all categories being notably low, the vigilance and co-operation of teachers being of great assistance in controlling skin ailments, the total effect of which on school attendances was negligible.

Eyes :

Year	Defects of Vision			Squint			Other Conditions of the Eyes			All Eye Defects		
	O	T	Total	O	T	Total	O	T	Total	O	T	Total
1954	6.8	10.5	17.3	0.8	1.1	1.9	0.8	0.7	1.5	8.4	12.3	20.7
1955	6.4	8.3	14.7	0.6	1.1	1.7	0.3	0.7	1.0	7.4	10.0	17.4
1956	7.1	8.5	15.6	0.7	1.1	1.8	0.4	0.5	0.9	8.3	10.0	18.3
1957	8.9	8.7	17.6	1.3	1.5	2.8	0.5	0.4	0.9	10.7	10.6	21.3
1958	7.8	9.7	17.5	1.3	1.4	2.7	0.4	0.5	0.9	9.6	11.5	21.1
1959	4.9	11.3	16.2	0.8	1.5	2.3	0.4	0.7	1.1	6.1	13.5	19.6
1960	5.9	10.1	16.0	0.7	1.8	2.5	0.5	0.7	1.2	7.1	12.6	19.7

The above are comparative figures of the incidence rates of eye defects found at routine medical inspections during the last seven years, from which it will be noted that the overall tendency of incidence over that period has fluctuated, but that the incidence of Defects of Vision requiring observation for the year under review is the lowest recorded since 1954, while for those requiring treatment for squint the rate is the highest recorded.

The general incidence rate of Other Conditions of the Eyes show the usual minor fluctuations and reflect no abnormal trends in either Observation or Treatment.

Ophthalmic Clinics were held at 7 Centres during the year. Details of these clinics are given in Table 30 together with a summary of the work carried out at each.

Conditions of the Ears, Nose and Throat :

The overall incidence of defects of the ears, 0.98 per cent. is the lowest ever recorded in this category.

It is becoming more widely known that early detection of deafness or partial deafness among children is of vital importance to their development and because of this a number of the Committee's Officers have attended Special Courses on the detection of Hearing Loss among children, details of which are given in a later page of this report.

The incidence of nose and throat conditions for the year is 14.3 per cent. in comparison with a rate of 14.7 per cent. for last year. In the category of defects of the nose and throat requiring observation the rate is 11.7 per cent. in comparison with 12.5 per cent. recorded for 1959, while the rate for treatment required is 2.6 per cent. for the year under review in comparison with 2.2 per cent. for 1959.

Speech Defects :

Routine medical inspections disclosed speech defects numbering 290 or 1.6 per cent. of those examined, 184 or 1.0 per cent. being referred for observation and 106 or 0.6 per cent. for treatment. The overall incidence and distribution according to the observation and treatment categories are lower than for 1959. Comments on the Speech Therapy Service are given on Page 75 of this report.

Heart and Circulation :

Of the total number of children who were examined at routine inspections, 427 or 2.3 per cent. were discovered to have defects under this heading in comparison with 270 or 2.1 per cent. in 1959. The incidence rate of defects requiring treatment is 0.3 per cent. and 2.0 per cent. for those requiring observation only.

Conditions affecting the Lungs—Non Tuberculous :

During the year 384 of the children examined were found to have defects of the lungs of a non-tuberculous nature, 291 or 1.6 per cent. being referred for observation and 93 or 0.5 per cent. for treatment, the incidence rate being more or less the same as for 1959.

Tuberculosis :

The overall incidence rate of tuberculosis defects 0.2 per cent., is similar to that recorded in 1959, 1958 and 1957.

Orthopaedic Defects :

The overall incidence of orthopaedic defects was 6.4 per cent., in comparison with a rate of 6.3 per cent. for the previous year. Flat foot was again the most common orthopaedic defect. Some children seen at routine medical inspections, who had previously been referred for physiotherapy, have been noted to have benefited from the treatment. Comments on the Physiotherapy Service are given on Page 77 of this report.

Infectious Diseases in Schools :

My comments on Infectious Diseases in general are contained in later pages of this report, from which it will be noted that the County remained free from epidemics during the year, and there was no occasion to recommend the closure of any school owing to the prevalence of infectious disease.

HANDICAPPED CHILDREN

TABLE 63—NUMBER OF CHILDREN IN RESPECT OF WHOM MEDICAL REPORTS HAVE BEEN FORWARDED TO THE DIRECTOR OF EDUCATION ADVISING UPON THE NATURE AND EXTENT OF THE DISABILITIES OF MIND OR BODY FROM WHICH THEY ARE SUFFERING.

These reports are made to enable the Education Committee to decide whether the children require special educational treatment.

Category of Handicap	Division						Total
	1	2	3	4	5	6	
Blind	1	—	—	—	1	—	2
Partially Sighted	—	—	—	—	—	1	1
Deaf	—	—	2	1	—	1	4
Partially Deaf	2	—	—	—	—	1	3
Delicate	2	1	1	—	—	1	5
Educationally Sub-normal	4	12	16	13	25	33	103
Epileptic	—	—	—	—	—	—	—
Maladjusted	—	—	2	1	1	1	5
Physically Handicapped	2	1	2	—	1	2	8
Speech Defect	—	—	—	—	—	—	—
TOTALS	11	14	23	15	28	40	131
Comparative Totals	1959	7	27	62	15	23	148
	1958	9	34	35	30	17	177
	1957	3	13	21	22	18	86
	1956	8	36	23	28	9	154
	1955	30	13	21	22	24	143
	1954	17	70	30	31	10	219
	1953	17	49	41	38	15	181

NOTE.—In the foregoing Table, children with multi-handicaps are included only in the category which was first named by the examining Medical Officer.

Up to the end of 1956 the statutory duties relating to Handicapped Pupils were shared by the Health and Education Committees, the Health Committee being responsible for the ascertainment of these children and for recommendations as to the form of educational treatment advisable for them, whilst the Education Committee was responsible for providing such educational treatment. As from the beginning of 1957 the duties of the Health Committee in this field became the responsibility of the Education Committee, the latter body since then being responsible under statute for securing ascertainment and determining the form of educational treatment necessary in addition to providing that treatment. In relation to ascertainment, however, the existing arrangements are that the Medical Officers of the Health Department carry out the necessary medical examinations and in conjunction with the officials of the Education Committee advise on the nature and extent of existing disabilities and on the form of educational treatment necessary.

MENTALLY INEDUCABLE CHILDREN

TABLE 64—NUMBER OF CHILDREN IN RESPECT OF WHOM MEDICAL REPORTS HAVE BEEN FORWARDED TO THE DIRECTOR OF EDUCATION ADVISING THAT THE CHILDREN ARE SUFFERING FROM DISABILITIES OF MIND OF SUCH NATURE AND EXTENT AS TO MAKE THEM INCAPABLE OF RECEIVING EDUCATION AT SCHOOL.

These reports are made to enable the Education Committee to decide whether the Northern Ireland Hospitals Authority should be notified accordingly.

Division		1	2	3	4	5	6	Total
No. assessed	1960	5	3	5	4	4	5	26
Comparative Totals	1959	9	5	16	5	5	7	47
	1958	6	6	12	6	2	5	37
	1957	1	4	5	—	1	—	11
	1956	4	1	6	3	3	4	21
	1955	5	2	4	6	5	7	29
	1954	9	4	1	1	4	10	29
	1953	1	9	5	4	6	5	30

As from the 1st January, 1957 the responsibility for the assessment of mentally ineducable children became part of the duties of the Education Committee. The medical examinations are, however, carried out by the Medical Officers of the Health Department under arrangements similar to those in operation with regard to the assessment of Handicapped Children. It is part of the statutory duty of the Education Committee to notify children assessed as mentally ineducable to the Special Care Service of the Northern Ireland Hospitals authority, the body responsible for the care of ineducable children.

SPEECH THERAPY

This Service continued to make progress and during the year it was possible to extend it to cover a greater area of the County.

In September a second Speech Therapist was appointed and was allocated to work in the Southern part of the County. A further extension took place in October, when it was decided to open one clinic in Division 3.

Speech Therapy Clinics were then in operation as follows :

Division 1	Bangor Clinic	2 sessions weekly
	Bangor Central School	1 session weekly
	Donaghadee Clinic	1 session weekly
Division 2	Newtownards Clinic	2 sessions weekly
	Comber Clinic	1 session weekly
	Greyabbey Clinic	1 session weekly
Division 3	Cregagh Clinic	1 session weekly
Division 6	Newry Clinic	3 sessions weekly
	Newcastle Clinic	2 Sessions weekly
	Kilkeel Primary School	2 sessions weekly
	Rathfriland P.S.	2 sessions weekly

The arrangement with the Ards Hospital, Newtownards, whereby one Speech Therapist undertook to provide a part-time service for adult patients, was continued.

Divisions 4 and 5 and most of Division 3 are still completely excluded from the Service. It is hoped, however, that this unfortunate position will be altered within a few years by the appointment of more Speech Therapists. The Committee received a good response from interested girls to their offer of a grant towards the cost of training for Speech Therapy. The first student given this grant is due to qualify in July 1962.

Appreciation of the Speech Therapy Service has been expressed both by parents and teachers. General Practitioners have also shown interest and are referring an increasing number of cases.

Co-operation from parents is generally excellent although in some areas transport difficulties prevent regular attendance. Attendance at clinics is considerably better in the larger towns.

Where the session is held in a school the problem of failed appointments does not arise but school holidays frequently prevent continuity of treatment.

The two largest groups of children being treated are those who suffer from either stammering or dyslalia. Other cases include children with cleft palate, cerebral palsy or deafness. The majority of these children are receiving their education at normal schools. In addition six educationally sub-normal children were seen during the year. The latter respond more slowly to Speech Therapy but it was felt worthwhile to undertake treatment with a few of these children in view of the fact that their poor speech was seriously hampering their education. The same can be said of children in normal schools and many teachers have remarked on the improvement in children's work after their speech has been corrected.

1. New Referrals :						
Total number of children referred during the year	.....	.....	.....	.....	.....	332
Number found not to require treatment or to be unsuitable for treatment	.....	.....	.....	.....	.....	44
Number of cases in which treatment was not accepted	.....	.....	.....	.....	.....	11
Number of children requiring treatment	.....	.....	.....	.....	.....	204
Number of cases pending examination and classification	.....	.....	.....	.....	.....	73
2. Children on Registers at 31st December, 1960 :						
Number of children receiving treatment	.....	.....	.....	.....	.....	147
Number of children awaiting treatment	.....	.....	.....	.....	.....	173
Number of children under observation	.....	.....	.....	.....	.....	31
Number of cases pending examination and classification	.....	.....	.....	.....	.....	28

3. Work done during the year :

Number of patients treated	.....	.....	.....	.....	.....	.....	189
Number of cases in which treatment continued from previous year	.....	.....	.....	.....	.....	.....	81
Number of new treatments commenced during the year	.....	.....	.....	.....	.....	.....	108
Total number of attendances for treatment	.....	.....	.....	.....	.....	.....	2,396
Number of cases in which treatment was completed	.....	.....	.....	.....	.....	.....	55
Number of children removed from register or discharged due to failed appointments, address transfers, etc.	.....	.....	.....	.....	.....	.....	25

TABLE 65—ATTENDANCES AT PHYSIOTHERAPY CLINICS—YEAR 1960.

Division	Clinic	No. of Sessions	Attendances			Failed Appointments	Cases Completed
			First	Subsequent	Total		
1	Bangor	47	28	264	292	115	25
2	Comber Intermediate School *	46	21	292	313	92	36
	Newtownards	34	37	218	255	43	18
3	Cregagh	47	40	324	364	59	36
	Holywood	46	34	267	301	93	30
4	Banbridge	44	30	283	313	66	29
	Dromore	45	13	253	266	74	15
5	Downpatrick	42	19	229	248	90	19
6	Newry	92	51	649	660	146	39
Totals		443	273	2,779	3,012	778	247

* Clinic at Comber Intermediate School was closed on 25th July, 1960.

• Clinic at Newtownards commenced on 15th August, 1960.

TABLE 66—PHYSIOTHERAPY-TYPES OF CONDITIONS TREATED DURING 1960.

Nature of Defect	Div. 1	Div. 2	Div. 3	Div. 4	Div. 5	Div. 6	TOTALS
Flat Feet	20	38	40	8	8	41	155
Kyphosis	1	6	4	11	6	7	35
Scoliosis	—	—	—	—	—	—	1
Asthma	2	1	5	3	3	3	17
Poor Posture	1	4	6	12	7	2	32
Nasal Catarrh	—	—	2	—	—	—	2
Bronchiectasis	3	—	3	2	1	3	12
Sinusitis	—	—	4	—	—	—	4
Old Injuries, etc.	4	7	3	1	—	3	18
Post-Polio	—	—	1	—	—	—	1
Spastic	1	—	—	—	—	1	2

PHYSIOTHERAPY SERVICE

The Physiotherapy Service continued to provide treatment for children of school age who were referred by the Divisional Medical Officers during routine school medical inspections. In addition to these, others were referred by their own family doctors or by Health Visitors.

Treatment sessions were held at the following clinics in the County :—

Division	Location	No. of Sessions per week
1	Child Health and Welfare Clinic, Central Avenue, Bangor.	1
2	Comber Secondary Intermediate School (closed on 25th July, 1960)	2
	Child Health and Welfare Clinic, Frances Street, Newtownards. (Treatment sessions commenced on 15th August, 1960).	
3	Child Health and Welfare Clinic, 331 Cregagh Road, Belfast.	1
	Child Health and Welfare Clinic, Queen's Hall, Holywood.	1
4	Child Health and Welfare Clinic, Prince's Street, Dromore.	1
	Child Health and Welfare Clinic, Newry Street, Banbridge	1
5	Child Health and Welfare Clinic, Pound Lane, Downpatrick.	1
6	Child Health and Welfare Clinic, John Mitchel Place, Newry.	2

Details of attendances are shown in Tables 65 and 66.

It is encouraging to record that more general practitioners are making use of this service. Furthermore, an increasing number of mothers are calling at our clinics, and requesting treatment for their children under the scheme.

As mentioned in the Annual Report for 1957, there is still a large number of children living in the more rural areas of the County who require treatment, and who are prevented from attending at the clinics, mainly because of the high travelling expenses which would have to be met by their parents.

During the five years that the Physiotherapy Service has been operating much valuable work has been done. The Service is, of course, far from comprehensive, but even in its present limited scope it forms an important complement to that provided in the various hospitals.

INFECTIOUS DISEASES

TABLE 67—SUMMARY OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR

Local Area		Total		Year 1959	
Banbridge Urban	.....	.....	.....	.....	.....
Bangor Borough	.....	.....	.....	.....	.....
Donaghadee Urban	.....	.....	.....	.....	.....
Downpatrick Urban	.....	.....	.....	.....	.....
Dromore Urban	.....	.....	.....	.....	.....
Holywood Urban	.....	.....	.....	.....	.....
Kilkeel Urban	.....	.....	.....	.....	.....
Newcastle Urban	.....	.....	.....	.....	.....
Newry Urban	.....	.....	.....	.....	.....
Newtownards Borough	.....	.....	.....	.....	.....
Warrenpoint Urban	.....	.....	.....	.....	.....
Borough and Urban Totals		.....	.....	.....	.....
Banbridge Rural	.....	.....	.....	.....	.....
Castleraagh Rural	.....	.....	.....	.....	.....
Downpatrick Rural	.....	.....	.....	.....	.....
Hillsborough Rural	.....	.....	.....	.....	.....
Kilkeel Rural	.....	.....	.....	.....	.....
Moira Rural	.....	.....	.....	.....	.....
Newry No. 1 Rural	.....	.....	.....	.....	.....
North Down Rural	.....	.....	.....	.....	.....
Rural Totals		.....	.....	.....	.....
Gross Totals	.....	1	9	1	1
Gross Totals—1959	.....	1	41	1	6
Acute Encephalitis		.....	.....	.....	.....
Acute Influenza and		.....	.....	.....	.....
Acute Primary Pneumonia		.....	.....	.....	.....
Anthrax		.....	.....	.....	.....
Cerebro-Spinal Fever		.....	.....	.....	.....
Dysentery		.....	.....	.....	.....
Bryspipelas		.....	.....	.....	.....
Food Poisoning (Bacterial Origin)		.....	.....	.....	.....
Gastro-Enteritis (Up to 2 years of age only)		.....	.....	.....	.....
Glandular Fever		.....	.....	.....	.....
Infectious Hepatitis		36	—	—	—
Measles		30	—	—	—
Poliomyelitis		1	—	—	—
Puerperal Pyrexia		—	—	—	—
Puerperal Pyrexia including Fever		—	—	—	—
Rheumatic Fever		—	—	—	—
Scarlatina or Scarlet Fever		24	—	—	—
Typhoid Fever		—	—	—	—
Paratyphoid Fever		—	—	—	—
Undulant Fever		—	—	—	—
Vimcent's Angina		—	—	—	—
Whooping Cough		9	—	—	—
Pulmonary Tuberculosis		6	1	—	—
Non-Pulmonary Tuberculosis		8	2	—	—
Tuberculosis		—	—	—	—
Total		51	21	124	21

Only the first case of measles or whooping cough in a household is notifiable, unless a period of two months intervenes in the case of the former disease and three months in the case of the latter.

INFECTIOUS DISEASES

Table 67 is a classified summary of the confirmed cases of infectious diseases notified during the year. The table does not include certain compulsorily notifiable diseases in relation to which no confirmed cases occurred during this or the previous year, namely, Diphtheria, Malaria, Ophthalmia Neonatorum, Psittacosis, Relapsing Fever, Trachoma, Cholera, Plague, Smallpox, Typhus and Yellow Fever.

The following are comparative figures of total notifications for each year since 1950 from which it will be seen that fairly wide fluctuations are a feature of these annual returns :—

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
3,428	3,218	2,277	2,608	2,481	3,826	1,937	3,212	1,365	2,536	857

The incidence of infectious disease was much lower than during the previous year ; against 2,536 cases notified during 1959, 857 cases were notified during the year under review, the decrease being largely accounted for by a lower incidence in cases of Measles and Whooping Cough during 1960. Of the total of 857 cases notified 209 or 24.4 per cent. were in respect of Infectious Hepatitis and 148 or 17.3 per cent. were in respect of Tuberculosis, the two categories together accounting for 357 notifications or 41.7 per cent. of the total.

Acute Influenza and Acute Primary Pneumonia :

Only 9 cases of Acute Influenza and Acute Primary Pneumonia were notified during the year in comparison with 77, 46 and 41 for the years 1957, 1958 and 1959 respectively, indicating an absence of Influenza epidemics.

Anthrax :

One case of this occurred, the patient, an employee in a tannery, making an uneventful recovery.

Cerebro-Spinal Fever :

Three cases of this disease occurred in comparison with totals of 8, 10, 7, 5 and 6 for 1955, 1956, 1957, 1958 and 1959 respectively. Of the cases notified during the year two related to children under 2 years of age and the other an adult of 40 years of age.

Diphtheria :

This is the ninth successive year in which no cases of Diphtheria occurred. (For immunisation against Diphtheria see Section commencing on Page 50 of this report.)

Dysentery :

113 cases of varying types were notified during the year in comparison with 130, 31, 39, 73 and 107 for the years 1955, 1956, 1957, 1958 and 1959 respectively. Of the total cases for the year 31 occurred in the first quarter, 34 in the second quarter, 20 in the third quarter and 28 in the fourth quarter.

Food Poisoning :

Notifications of Food Poisoning numbered 17 in comparison with totals of 8, 4, 1, 7 and 15 for 1955, 1956, 1957, 1958 and 1959 respectively. Of the 17 notifications received for the year under review, 4 related to one family and in another 3. The remaining cases were sporadic and bacteriological samples from home contacts were uniformly negative.

Gastro-Enteritis (up to 2 years of age only) :

The figure of notifications of Gastro-Enteritis for the year, 48, is higher by 11 than the number of cases which occurred in 1959. Eighteen of the cases were nursed at home and thirty were admitted to hospital for treatment. The following are comparative figures of notifications and deaths since 1950 from which reduced morbidity and mortality can be noted :—

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
No. of Cases ...	45	47	39	58	48	42	43	41	26	37	48
No. of Deaths ...	8	6	8	11	9	3	4	4	3	2	3

Glandular Fever :

Nine cases of Glandular Fever were notified in comparison with a total of 12 cases for 1959.

Infectious Hepatitis :

Two hundred and nine cases of Infectious Hepatitis were notified during the year and the highest incidence rate of all notifiable infectious diseases, representing 24.4 per cent. of the total. Comparative rates of notifications of Infectious Hepatitis from 1949 are as follows :—

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
190	154	36	50	51	65	55	49	70	77	70

Leptospiral Jaundice :

Two cases of Leptospiral Jaundice occurred during the year none of which proved fatal, the patients in all cases making a good recovery. In each case the onset of illness was associated with rodent infestation and control measures were put into effect.

Measles :

Forty-one cases of measles were notified during the year, the incidence being very much lower than for any of the previous eleven years, in which the following returns were recorded :

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Number of Cases	1,189	1,404	1,759	959	1,298	1,426	2,223	498	2,438	622	1,654
Number of Deaths	1	2	2	—	—	—	1	1	—	—	—

No deaths resulted from the number of cases of measles notified throughout the year. The above table is in general conformity with the tendency of the disease to fluctuate in alternate years.

Poliomyelitis :

Four cases of Poliomyelitis, all paralytic, were notified during the year, three of which related to children—one aged 1 year, one aged 19 months and the third child 4 years of age—the remaining one related to an adult aged 34 years.

No deaths occurred among the four cases notified.

The following are comparative figures of the number of cases of Poliomyelitis which occurred in the county for the past eleven years and the number of related deaths.

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
No. of Cases	8	60	16	22	37	9	3	5	46	5	—
No. of Deaths	—	5	—	1	2	—	—	—	—	1	—

Puerperal Pyrexia :

See Table and Comments on Page 48 of this report.

Rheumatic Fever :

Three cases of this disease were notified during the year in comparison with totals of 8, 3, 3 and 2 for 1956, 1957, 1958 and 1959 respectively. Deaths registered as due to Rheumatic Fever totalled 2.

Scarlet Fever :

A total of 170 cases of Scarlet Fever occurred during the year under review in comparison with 182 cases notified in 1959. The majority of the cases occurred in the northern areas of the County. No deaths attributable to Scarlet Fever occurred.

Typhoid Fever and Paratyphoid Fever :

No cases of Typhoid Fever or Paratyphoid Fever occurred throughout the year.

Whooping Cough :

Notifications of Whooping Cough during the year totalled 75, which is the second lowest total notified from 1949, and 166 lower than the total recorded for 1959. The following comparative returns denote the incidence of Whooping Cough from 1949.

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
No. of Cases	675	462	426	631	479	298	758	798	61	235	241	75
No. of Deaths	3	5	4	2	1	2	3	2	—	—	2	—

It is gratifying to report that no deaths occurred during the year. While the present trend of incidence of Whooping Cough indicates that some measure of control has been gained over the disease, the general level of immunisation among children continues to remain low. The fact that the disease is still known to be accountable for much ill-health and that occasional deaths result from it serve to emphasise its existing danger to children. Investigation has proved that the procedure of immunisation affords a high degree of protection and all parents should ensure that their children are given this protection at the earliest possible age.

For immunisation against Whooping Cough see Page 54 of this report.

TUBERCULOSIS

TABLE 68.—NO. OF CASES ON TUBERCULOSIS REGISTER

	Division						Total
	1	2	3	4	5	6	
No. of cases on register at 1/1/60	255	237	496	278	458	552	2,276
No. of cases added to register during 1960	21	14	82	26	29	61	233
No. of cases removed from register during 1960	67	47	106	47	81	129	477
No. of cases remaining on register at 31/12/60	209	204	472	257	406	484	2,032
Rate per 1,000 population	6.6	5.6	6.9	6.8	11.5	10.1	7.9

TABLE 69—TUBERCULOSIS—NOTIFICATIONS AND DEATHS, 1948 TO 1960.

Year	Pulmonary		Non-Pulmonary		Total	
	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths
1948	366	125	76	33	442	158
1949	323	88	50	27	373	115
1950	229	71	51	21	280	92
1951	250	84	50	23	300	107
1952	231	55	51	16	282	71
1953	210	46	36	10	246	56
1954	248	34	54	15	302	49
1955	193	31	37	6	230	37
1956	186	22	31	5	217	27
1957	163	28	26	3	189	31
1958	125	29	33	6	158	35
1959	117	17	28	5	145	22
1960	102	19	46	2	148	21

TUBERCULOSIS

Under the Health Services Act (Northern Ireland), 1958, the existence of the Northern Ireland Tuberculosis Authority was terminated, its Hospital and Specialist functions being transferred to the Northern Ireland Hospitals Authority and its Domiciliary functions to County and County Borough Health and Welfare Committees on the 1st April, 1959. The Domiciliary functions for which your Committee became directly responsible from that date are as follows :—

1. The visiting of tuberculous persons in their homes by health visitors.
2. The nursing of tuberculous persons in their homes.
3. The vaccination of persons against tuberculosis.
4. The dissemination of information and the giving of advice to the public on matters relating to tuberculosis.
5. The care and aftercare of tuberculous persons.
6. The disinfection of premises, clothing, bedding or other articles to prevent the spread of tuberculous infection.

Close liaison has been established and maintained to co-ordinate the treatment services transferred to the Northern Ireland Hospitals Authority and the preventive services operated by your Committee.

The encouraging situation, which has become apparent in recent years with regard to Tuberculosis should not be regarded as an excuse for any relaxation of effort in applying all measures at our disposal for combating the disease. While one is justified in saying that Tuberculosis is coming well under control, it is necessary for the various bodies administering the different services to ensure that there is no diminution in the ceaseless activity towards its prevention and the care and after care of those who suffer from it.

Notifications of Tuberculosis :

Under the new legislation referred to above, notifications of Tuberculosis are forwarded to the Northern Ireland Hospitals Authority. Table 67 includes the notifications of Tuberculosis in the County for the year under review according to local areas.

All cases of Tuberculosis notified are confirmed by the Northern Ireland Hospitals Authority to the Health Department to enable the necessary measures to be taken in fulfilment of the Committee's statutory obligations.

Tuberculous Patients—Hospital Admissions and Discharges :

As in the case of notifications of the disease, the admission of a tuberculous patient to hospital is advised by the Northern Ireland Hospitals Authority and likewise discharges.

Tuberculosis Register :

A central register of Tuberculosis Cases in the County is maintained by the Health Department, additions to this register being in accordance with notifications and general transfers of cases as advised by the Northern Ireland Hospitals Authority, and removals from the register in accordance with information received from Health Visitors, in the course of their routine duties and agreed upon with the Authority.

Statistical details of the cases on the central register at the end of the year and other transactions are shown in Table 68.

Health Visiting to Tuberculous Patients.

The Health Visitor maintains a Home Visitation Card in respect of each tuberculous patient in her area and continues her home visiting to each at such intervals as may be necessary, hospitalisation of any of her patients being advised to her and likewise discharges from hospital for the proper co-ordination of her duties in this respect.

The Tuberculosis Health Visitors continue to attend at the Local Chest Clinics and provide a direct liaison between the hospital and the Domiciliary Services.

Details of the visits made by the Tuberculosis Health Visitors are contained in Table 25 of this report.

Home Nursing of Tuberculosis Patients :

Statistical details of the number of new cases referred to the Home Nursing Service and the number of visits to all tuberculous patients are shown in Table 54.

Domiciliary Welfare Services and Care and After-Care for Tuberculous Patients :

In continuity of schemes provided by the Northern Ireland Tuberculosis Authority under statutory obligations responsibility passed at the 1st April, 1959, to the Committee for :

- (a) the supply of one pint of milk daily free of charge to patients regarded, medically, as in need of extra nourishment. At the end of the year, 113 patients were in receipt of free milk.
- (b) the issue of beds, bedding and chalets on a free loan basis to provide adequate segregation of infectious patients while undergoing treatment at home. At the end of the year 6 Tuberculous patients were in possession of chalets. Following the transfer of functions from the former Northern Ireland Tuberculosis Authority, arrangements were made for the supply of beds and bedding through a voluntary association.

The loan of sick-room requisites continued to be made through the Divisional Care and After-Care Committees some of which, as will be noted from Table 70, also provided Convalescence Holidays.

Vaccination against Tuberculosis :

Statistics and general comments on the scheme providing vaccination against the disease are contained in the Section commencing on Page 60 of this report.

Tuberculosis—Incidence and Mortality :

Table 69 contains comparative figures of the number of cases of Tuberculosis notified, together with the number of deaths registered from the disease in each year since 1948.

The total number of notifications for the year under review, 148, is the second lowest recorded in the County and is 33.5 per cent. of the total reported in 1948. Cases of Pulmonary Tuberculosis are lower by 15 than the total for 1959, the figure of 102 being the lowest recorded during the past thirteen years. Cases of Non-Pulmonary Tuberculosis are higher by 18 than the total for 1959 and this is the highest figure recorded from 1955.

It is gratifying to report a further reduction in the death rate from Tuberculosis, the rate of 0.08 per 1,000 being the lowest ever recorded in the County. Only 21 deaths were registered as attributable to Tuberculosis representing a decrease of 137, or 86.7 per cent. on the total of 158 deaths recorded in 1948.

Prompt modern methods of treatment have proved very successful in the curative fields and as stated in my Annual Report for 1959, the main emphasis in the future will be on prevention and on finding and dealing with positive cases who are a reservoir of infection.

PUBLIC HEALTH NURSING SERVICES

During the year the home nursing, domiciliary midwifery and health visiting services were maintained, and in some aspects additional services were introduced. The home nursing service is very much in demand in most areas throughout the county, the emphasis being on the care of the elderly infirm. These cases require more time spent on them by the nurses, as many elderly patients require help in getting out of bed, getting dressed, and carrying out simple walking exercises. These services, which are extremely time-consuming, help to keep the patients from becoming bedridden and so reduce the possibility of their admission to hospital. As this type of patient increases more nurses will inevitably be required in areas where a concentration of elderly people occurs. Additional appointments to the home nursing staff were made during the year, and are commented on later in this report.

The domiciliary midwifery service did not show any marked change during the year; an additional number are now qualified in taking blood samples from expectant mothers for Rhesus and haemoglobin tests.

In the health visiting field the new service of testing children for detection of hearing loss was considerably enlarged and twenty-three Health Visitors have now been trained to carry out these tests on young children. This is now being done as a routine on all children from the age of seven months.

The follow-up by Health Visitors of patients in the mental health field continues as reported in last year's report. Twelve Health Visitors have carried out this work during the year, continuing to attend the weekly case conferences at the Downshire Hospital and also acting as liaison between the hospital and the patient's family Doctor. It is hoped that this service, which of necessity commenced in a small way, will continue to expand on a more vigorous scale in the future, as the psychiatrists appreciate more fully the assistance given by the Health Visitors.

HEALTH VISITING AND SCHOOL NURSING SERVICE.

Staff :

At 1/1/60						
Qualified Health Visitors	.....	.....	.....	.....	.....	41
Unqualified (3 in training)	.....	.....	.....	.....	.....	5
						—
					Total	46
At 31/12/60						
Qualified Health Visitors	.....	.....	.....	.....	.....	43
Unqualified (2 in training)	.....	.....	.....	.....	.....	2
						—
					Total	45

Training of Health Visitors :

Although there are not at present in post any additional unqualified Health Visitors who will be coming forward for training, it is anticipated that early in 1961 three such trainees will be appointed, to be seconded by the Committee to the course commencing in September, 1961.

For a number of years now student nurses in their final year from three training schools have been spending a day with Health Visitors in various parts of the county. The students come from the Royal Victoria, the City and Ards Hospitals. This experience, although it is for a short time only, gives the students a useful insight into the Public Health Nursing Service and other aspects of the work carried on by the Health and Welfare Departments. This year also, the Tutor in charge of the Department of Social Studies, Queen's University, requested that his students should spend a day with the Health Visitors and Public Health Inspectors. This was satisfactorily arranged and will probably be repeated next year.

Special Courses and Refresher Courses :

In connection with the mental health work now being done by Health Visitors, a three months residential course in Downshire Hospital has been arranged by Dr. Berrington, R.M.S., Downshire Hospital and his staff. The course will commence at the beginning of January 1961 and two Health Visitors already doing mental health follow-up work have been seconded for it by the Health Committee.

There was no refresher course for Health Visitors held in Belfast in 1960, but five of the Health Visiting Staff attended courses in various centres in England and Wales. These courses were organised by the Royal College of Nursing and the Women Public Health Officers' Association and were recognised by the Ministry of Health and Local Government.

In June Professor Sir Alexander Ewing conducted a second course for Health Visitors in the detection of hearing loss in young children. Twelve Health Visitors undertook the course and eleven were successful in obtaining certificates of efficiency. It is hoped that further courses will be arranged in subsequent years so that in due course all the Health Visitors will be trained to carry out this work. Also in this field the Committee were approached by the Tutor to the Health Visitors' Training Course, Royal College of Nursing, Northern Ireland, with a request that a demonstration in the detection of hearing loss might be given to student Health Visitors during their training course. This was arranged and fourteen students attended at Cregagh Clinic where a demonstration was given by the specially trained Health Visitors.

Integration of Tuberculosis Health Visiting Service with the General Health Visiting Service :

It is intended to put this plan into operation early in 1961, and in preparation for this step arrangements were made towards the end of the year for Tuberculosis Health Visitors to spend a certain time each week with general Health Visitors in their own Divisions to familiarise themselves with general work, and also to instruct the general Health Visitors in all aspects of tuberculosis health visiting. This arrangement will continue until the two Health Visiting services are integrated.

Miniature Mass Radiography Service :

As in previous years, arrangements with the Northern Ireland Hospitals Authority were made for all members of the nursing and health visiting staff to attend the Mass Radiography Centre in Belfast or one of the Mobile Mass Radiography Units.

Child Health and Welfare Clinics :

At the end of 1960 there were 67 clinics in operation in the County :

<i>Division I</i>	<i>Division II</i>	<i>Division III</i>
Ballyholme	Ballydrain	Ballycairn
Bangor	Ballygowan	Boardmills
Crawfordsburn	Ballyhalbert	Carryduff
Donaghadee	Ballywalter	Castlereagh
Groomsport	Carrowdore	Dromara
Helen's Bay	Cloughey	Drumbo
Millisle	Comber	Dundonald
	Greyabbey	Gilnahirk
	Kircubbin	Hillsborough
	Lisbarnett	Holywood
	Moneyrea	Holywood (Palace Barracks)
	Newtownards	Holywood (Redburn)
	Portaferry	Knockbracken
	Portavogie	Legacurry
		Maze
		Newtownbreda
		Saintfield
<i>Division IV</i>	<i>Division V</i>	<i>Division VI</i>
Banbridge	Ardglass	Annalong
Donacloney	Ballykinlar	Ballyveamore
Dromore	Ballynahinch	Hilltown
Gilford	Bishopscourt	Kilkeel
Laurencetown	Crossgar	Newcastle
Maralin	Darragh Cross	Newry
Moira	Downpatrick	Rathfriland
	Drumaness	Rostrevor
	Dundrum	Warrenpoint
	Killough	
	Killinchy	
	Killyleagh	
	Strangford	

During the year two new clinics were opened. One of these, on the Redburn Housing Estate, Holywood, was built by the Committee to a plan prepared by the County Planning Officer and approved by the Ministry of Health and Local Government. This clinic came into operation on 21st July and since that date regular weekly clinics have been held. Two local general practitioners also hold weekly ante-natal clinics there, when they see their own patients by appointment with the District Midwife in attendance.

The second clinic opened during the year is at Knockbracken. This measure was adopted in order to facilitate mothers and children living in the rapidly developing area on the Saintfield Road. The opening of this clinic meant that the Newtownbreda clinic, which was becoming very overcrowded for the unsuitable type of premises in which it is held, was relieved to the extent of being able to reduce its sessions from four to two per month.

The Committee's mobile Child Health Clinic continues to be of great service to mothers and children in the more remote parts of the County. During the year it was found necessary to alter the stopping places in some areas covered by the mobile clinic in order to carry the services to those areas where the population of young children increased during the year. On the other hand, the clinic no longer stops at points where the child population is largely in the school-age group. In this way it is felt that the public in the remote areas are being provided with a service for which they would have to travel many miles to the nearest static clinic.

DOMICILIARY MIDWIFERY SERVICE.

Number of midwives in practice under the scheme at the end of 1960 :

Employed by the Committee as Full-time Midwives	.....	24
District Nurse/Midwives	.....	36

In addition eleven District Nurses carry out relief midwifery duties.

Analgesia :

At the end of 1960 there were fifty-five members of the Nursing and Midwifery Staff qualified to administer gas-air analgesia, and all of these were in actual practice in one or other of the above categories.

The number of gas/air machines in use in the County was forty-seven at the end of 1960.

Refresher Courses :

During the year five midwives attended refresher courses in various parts of England and Wales. These courses are organised by the Royal College of Midwives, and each course is of a full week's duration. They are much appreciated by the Midwives who attend them, as in addition to the lectures and demonstrations, they derive additional interest from meeting their colleagues from other areas and discussing with them various aspects of their work.

Relaxation Classes for Expectant Mothers :

During the year it was found necessary to discontinue this service in Bangor, owing to the resignation of Mrs. P. Ferguson, Physiotherapist, who had accepted a whole-time hospital appointment. It is confidently expected, however, to be able to re-open the classes. Efforts are being made to secure the part-time services of a physiotherapist at an early date for Bangor, and also to extend the service to other areas where ante-natal clinics are held.

HOME NURSING SERVICE.

Staff at the end of 1959 :

District Nurses	.....	.....	.....	.....	.....	.....	.....	19
District Nurse/Midwives	.....	.....	.....	.....	.....	.....	.....	33
								—

52

Staff at the end of 1960:

District Nurses	.....	.....	.....	.....	.....	.....	.....	22
District Nurse/Midwives	.....	.....	.....	.....	.....	.....	.....	35
								57

In addition there were six Established Relief Nurses in position.

Hospital Discharges :

The number of patients discharged from hospitals and referred for home nursing care were :

Medical	.....	.....	.....	.....	.....	.....	.....	391
Surgical	.....	.....	.....	.....	.....	.....	.....	471
Tuberculosis	.....	.....	.....	.....	.....	.....	.....	23
Puerperium nursings	.....	.....	.....	.....	.....	.....	.....	274
							Total	1,159

District Training :

The number of District Nurses and District Nurse/Midwives holding the certificate of the Queen's Institute on the staff at the end of 1960 was forty-three.

Refresher Courses :

A refresher course for District Nurses was held in Belfast, organised by the Royal College of Nursing under the auspices of the Queen's Institute of District Nursing. Five of the Committee's Staff of District Nurses attended. It had been hoped that a combined course for District Nurse/Midwives, similar to that held in 1959 could have been repeated, but because of difficulties in obtaining residential accommodation for the Midwifery part of the course, this was not possible.

Increase in Establishment :

Owing to the increase in population figures and the steadily rising demand for district nursing services in the Bangor and Castlereagh areas, a request for an increase of three District Nurses to the establishment was made to the Ministry of Health and Local Government. This was obtained in January and since then the three Nurses have been fully employed in the above areas. In the same month the Ministry also approved an increase of two District Nurse/Midwives to the establishment, one in the Donaghmore area and one in the Rathfriland area ; the latter to take the place of one full-time midwife post.

HEALTH VISITING—DIETETICS

Number of Cases on Register at 31st December, 1960 :

Diabetics	.....	.....	.....	.....	.....	.....	.....	169
Gastrics	.....	.....	.....	.....	.....	.....	.....	13
Reducing	.....	.....	.....	.....	.....	.....	.....	3
Coeliac	.....	.....	.....	.....	.....	.....	.....	4
High Protein	.....	.....	.....	.....	.....	.....	.....	2
Gluten Free	.....	.....	.....	.....	.....	.....	.....	1
							Total	192

Attendances at Hospital Diabetic Clinics :

Royal Victoria Hospital	.....	.....	.....	.....	Tuesday	a.m. weekly
Belfast City Hospital	.....	.....	.....	.....	Thursday	a.m. weekly
Royal Belfast Hospital for Sick Children	.....	.....	.....	.....	Friday	a.m. weekly
Downe Hospital, Downpatrick	.....	.....	.....	.....	Tuesday	p.m. fortnightly

Attendance at Care and After-Care Committee Meetings :

Division 3	.....	.....	.....	.....	.....	Monthly
Division 5	.....	.....	.....	.....	.....	Monthly

1. Royal Victoria Hospital :

With the setting up of Diabetic Clinics at the Downe Hospital, the attendance of the County Down patients is diminishing at this Clinic.

2. Belfast City Hospital :

Because of the situation of this Hospital, there are still a good number of the County Down patients attending, i.e. from Dundonald, Castlereagh and Cregagh districts. The liaison between the hospital staff and the Specialist Health Visitor remains well established resulting in the ultimate benefit of the patient.

3. Royal Belfast Hospital for Sick Children :

The attendance of County Down children at this Clinic remains unchanged and works out very well as there is also a Pediatrician in attendance.

4. Downe Hospital :

All the patients at this Clinic are from County Down, it is, therefore, the Clinic where most patients are seen by the Specialist Health Visitor, and in the absence of a resident Dietitian, she advises on diets on the Consultant's instructions.

Care and After-Care Committee :

This Committee continues to assist patients on special diets who find it difficult financially to maintain their diets. During the past year the Committee have helped quite a number of patients to get back to work. They also refer patients to the National Assistance Board who need further assistance. All patients in receipt of retirement pensions are referred in the first instance to the National Assistance Board who have been most co-operative.

Follow-up Visiting :

This is referred directly to the Specialist Health Visitor from the hospital by the Consultant, for those patients who will benefit by home visiting. The taking of blood samples for sugar analysis from patients who live a distance from the hospital is arranged by her in co-operation with the District Nurse. This service is greatly appreciated especially by the Downe Hospital and facilitates the smooth running of the Clinic.

With regard to the follow-up of children, arrangements are made by the Specialist Health Visitor with the School Meals Catering Officer for the supply of Special School Meals for Diabetic and Coeliac children. In suitable instances she has referred children to the Divisional Medical Officer for arrangements to be made for their transport to school.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The objects of the Divisional Voluntary Care and After-care Committee :

These objects are set out in the book of rules which govern each of the six Committees. They may be summarised under five headings :—

1. To provide machinery through which voluntary and statutory bodies can work together.
2. To provide and circulate comforts and equipment for home nursing.
3. To allow assistance through provision of transport, convalescent arrangements and special diets.
4. To consider means of assisting the sick and the needy.
5. To assist the County Health Committee in measures for the Prevention of Illness.

This year has seen the transference of financial responsibility to the County Health Committee for one new service, that of chiropody, which has been developed during the past two years by the Voluntary Committees. Another new service—that of “meals-on-wheels”—has been prepared by the Division 1 Voluntary Care and After-care Committee to commence in Bangor in January 1961. The introduction of the service has been made possible by co-operation from the County Education Committee which has undertaken to provide a limited number of meals from the Bangor School Meals Centre. It is thought likely, however, that this service will become the responsibility of the Welfare Authority under new legislation. The Voluntary Committees view these developments with relief, although they are pleased that they have been instrumental in pioneering the new services. They realise that the rapid growth of the Chiropody service caused it to assume proportions which they had not the financial resources to meet and they are satisfied to continue to assist the County Health Committee by remaining responsible for the time being for the local administration of this Service.

There are still other services, the introduction of which would benefit the community. Others, such as physiotherapy, might be expanded. More than one of the Voluntary Care and After-care Committees at their Annual Meetings gave thought to further developments within their Divisional areas. The Annual Reports of the individual Voluntary Care and After-care Committees all refer to the work of the Committees becoming better known and more appreciated. Certainly the volume of work is steadily increasing. In 1960 the Divisional Voluntary Care and After-care Committees gave help in some form or other to 2,371 people (Table No. 70). The sum of £1,561 12s. 6d. was distributed to those suffering from cancer through the generosity of the National Society for Cancer Relief and the Marie Curie Foundation for which the Divisional Voluntary Care and After-care Committees act as local agents. This amount (Table No. 72) compares with the sum of £303 17s. 6d. distributed last year and the sum of £206 18s. 9d. distributed in 1958.

Home Visiting by members of the Voluntary Committees has increased considerably over the 1959 figure of 15 (Table No. 70). This is a very valuable service, and is more demanding on the time of the members than anything else they do.

Domestic Help Supplement :

Last year it was thought that assisted payments for domestic help would not be a recurrent service to be rendered by the Voluntary Committees, as the Welfare Committee had amended the scale of assessment and had developed the Service in other ways. However, this year again a patient suffering from prolonged and severe illness required help to meet payments on the Welfare Committee's scale. This has emphasised the fact that a statutory authority can rarely evolve a scale of charges for a service that will be sufficiently elastic to allow for every individual factor, and to meet human needs on this level is one of the privileges of voluntary organisations.

Mental Health :

Nine ex-hospital patients have been assisted by visiting and by extra nourishment during the year by the Voluntary Committees. Two referrals were by members of the Divisional Committees, the others by Health Visitors and the Assistance Board. The Committees were pleased to welcome the psychiatric social worker from the Downshire Hospital at meetings.

Assessment of Income of Applicants :

The Assistance Board is asked to assess the income of the family only where help is required to maintain a special diet. In these instances assessment is asked for because help with diet may be required for a considerable time after the end of six weeks—the period accepted by the Voluntary Care and After-care Committees as a reasonable one for convalescence during which help if required should be given by them. At the end of six weeks if help with diet is still required this is regarded as a long-term need. At this stage it becomes the responsibility of the Assistance Board to ensure that the applicant has sufficient means to maintain an adequate standard of subsistence, taking into account any special circumstances. Because the intervention of the Board may then be expected to render long-term assistance to any patient in need who has to keep to a special diet, the Board's officers are asked to assess income as soon as the patient is referred to the Care and After-care Service for help with diet. In all other cases, the Voluntary Committees are supplied by their officers with a reasonably accurate description of the applicant's income. Often Committee members with local knowledge have been able to add supplementary information. The rising level of applicants' income is frequently a matter for comment in Committee. In this country where sickness benefits are not related to previous income, there is always a big drop in income, when the wage earner falls ill. For this reason, the Voluntary Care and After-care Committees appreciate that help in sickness should not be given only to the lowest income groups. Almost all the services offered by the Voluntary Care and After-care Committees are available to everyone in the community without a means test. This availability of the services is considered to be particularly important when the Voluntary Committees are introducing a new service, such as Chiropody. Services such as this, as they develop, usually become part of the statutory health services. At this later stage, they will be financed out of local rates and must be available to all. The Voluntary Care and After-care Committees therefore consider that such services should never be thought of as services only available to the lower income groups.

It is of interest in this connection to refer to Table No. 70, columns 2 and 3. This year the number of items of home nursing equipment loaned is almost the same as the 1959 total of 1,487, but the money collected in loan charges £53 18s. 6d. is considerably increased over the 1959 total of £36 0s. 6d. Equipment is available on loan to anyone in the County. Generally where equipment is made available to those who might have bought it for themselves if they had known precisely what to get and where to get it, they express their gratitude by sending to the Voluntary Care and After-care Committee a sum considerably in excess of the ordinary loan charge. This probably explains the increase in receipts.

Loan of Home Nursing Equipment :

Aids now available to help in the care of a sick person at home express all the ingenuity of the times in materials used, in colour and in mechanical contrivance. Familiar items, such as bed-pans, look better now in gaily coloured polythene. Soft plastic waterproof undersheets that tie at the four corners of the bed are a welcomed alternative to bulky, cold and uncomfortable rubber sheeting. Light metal alloy adjustable crutches with bright red velvet washable covers over the padding encourage efforts towards rehabilitation. An ingenious plastic air-bed in two sections allows a helpless patient to be turned easily from side to side. Not a few of these modern inventions require considerable skill if they are to be used efficiently. One District Nurse who assayed to make herself thoroughly familiar with a hydraulic hoist before taking it to help her lift a heavy, helpless patient was heard to say: "This is indeed the mechanical age."

Patients to-day are sent home from hospital who require to continue with fairly strenuous activity despite severe handicap. In order to restore or to maintain maximum muscle tone, elaborate apparatus has to be found and erected in the patient's own home. The Voluntary Committees are very grateful to the officers of the Hospitals Authority, and particularly to those of some of the local hospitals, for their readiness to help with advice and to spare equipment whenever it is possible for them to do so, in order that conditions of home care should approximate to hospital care when this is required. Several times recently, for example, in the fitting of wall bars and making other structural alterations to help crippled patients rehabilitate themselves, the Committees have realised very clearly the need to have available detailed reports and advice from the hospital consultant in order to help co-ordinate home care with hospital care.

TABLE 70—SERVICES PROVIDED BY THE SIX VOLUNTARY CARE AND AFTER CARE COMMITTEES

Division	No. of Terms Loaned	No. of Items Loaned	Charges Home Visiting by Members of Voluntary Committees	Home Visiting Equipment	Loan of Home Nursing Equipment	Assistance with Diets	Transport	Convalescence	Special Grants			Referring to other Organisations	N.S.C.R.	Marie Curie																
									Ex. Hospital	Home Care	Special Clinics	Visiting in Hospital	Public Swimming Classes	Child Diabetic Holiday	Adult	Child Diabetic Holiday	Children's Home Camp	Balliolwaster Camp	Children's Home Camp	Orthopaedic Defects Shoes for Children with	Chirotherapy	Assisted Payments— Domestic Help	Re-Housing	Re-Habilita- tion	National Assistance Board	Welfare Hospital	Other			
1	284	£3 0 0	20	10	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
2	359	£16 16 3	8	21	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
3	234	£17 2 0	3	15	10	1	—	—	—	5	3	—	2	—	9	124	—	—	1	1	—	—	—	—	—	—				
4	163	£1 2 6	3	1	13	—	—	—	—	5	1	4	1	2	—	2	—	—	4	14	—	—	2	—	—	—				
5	121	£1 4 0	3	27	11	1	—	—	—	—	5	4	—	1	7	—	7	101	—	1	—	4	—	—	10	4				
6	280	£14 13 9	4	4	50	—	—	—	—	—	—	—	2	2	—	9	—	6	36	—	—	—	—	—	—	31	5			
Totals	1,441	£53 18 6	41	78	133	3	1	3	5	1	14	10	6	4	20	2	30	343	2	1	2	9	2	*1	95	30	13	7	66	8
																									211	7	30			

* Correspondence Course.

TABLE 71—HELP GIVEN BY THE TUBERCULOSIS AFTER- CARE COMMITTEE
AND THE ST. JOHN'S AND RED CROSS LIBRARY SERVICE

Division	Library	Bedding	Coal	Clothing	Redecoration of House	Refund	Total
1	—	—	—	—	—	—	—
2	—	—	—	—	—	1	1
3	4	1	—	1	—	—	6
4	—	1	—	—	—	—	1
5	1	1	1	—	—	—	3
6	3	6	—	—	1	1	11
TOTAL	8	9	1	1	1	2	22

TABLE 72—DIVISIONAL VOLUNTARY CARE AND AFTER-CARE COMMITTEES
Combined Receipts and Payments Account 1960-61

DR.	CR.
To Balance — Division 1	
" 2	£119 4 11
" 3	258 18 7
" 4	269 18 11
" 5	113 14 0
" 6	235 14 1
"	73 1 3
	<u>£1,070 11 9</u>
Grants and Donations :	
Down County Health Committee	£350 0 0
District Nursing Associations :	
Comber	37 0 0
Holywood	10 0 0
Banbridge	30 0 0
Ballynahinch	20 0 0
	<u>97 0 0</u>
National Society for Cancer Relief	1,511 12 6
" Marie Curie Memorial Fund	50 0 0
" Sale of Bed (Div. 3)	0 16 0
" Chiroprody Contributions (Div. 3)	0 6 0
" Grant for Transport of Daily Visitor to Hospital Patient	49 0 0
" Proceeds of Whist Drive (Div. 3)	28 5 0
" Proceeds of Functions (Div. 5)	49 0 0
" Proceeds of Cake Stall (Div. 6)	38 5 2
" Sale of Mattress (Div. 4)	1 2 0
" Transfer from No. 2 A/c. (Div. 3) (Equipment)	10 0 0
" Transfer from No. 3 A/c. (Div. 4) (Chiroprody)	1 17 6
" Miscellaneous Donations	67 4 7
	<u>1,807 8 9</u>
Interest on War Stock Investments	2,254 8 9
" Loan Charges on Equipment	200 12 4
" Bank Interest	50 14 6
	<u>14 4 3</u>
	<u>772 8 1</u>
	<u>£3,590 11 7</u>
	<u>£3,590 11 7</u>

TABLE 73—DIVISIONAL VOLUNTARY CARE AND AFTER-CARE COMMITTEES
 Investment Accounts—From District Nursing Association Funds

DR.	C.R.	(BANGOR)	
To Balance at 1st January 1960 (Donaghadee No. 2 Account) Belfast Savings Bank—Ordinary Dept. Special Dept.	£60 0 11 409 1 8	£100 0 0
, Interest	£469 2 7 16 10 6	£485 13 1
To Transfer from No. 2 A/c. (Donaghadee No. 3 Account) , Hire of Equipment	£100 0 0 0 17 3	By Purchase of Equipment " Other Purchases " Special Diets " Bank Charges " Balance at 31st December, 1960 :—Northern Bank Ltd.
		£100 17 3	£61 10 11 32 2 2 385 13 1
			£485 13 1
DIVISION 1.		(NEWTOWNARDS)	
To Balance at 1st January, 1960 :— Kilmood Fund Mid Ards Fund Mountstewart Fund Newtownards Fund Newtownards Fund Portaferry Fund	£223 1 0 1,352 12 8 362 16 0 589 2 8 612 3 6	Purchase Price 3½% War Stock £300 10 5 1,812 3 467 12 6 806 18 6 250 0 0
, Interest	789 0 2	4,426 4 10 154 18 6
			£4,581 3 4
DIVISION 2.		(CASTLEREAGH)	
To Balance at 1st January, 1960 :— Kilmood Fund Mid Ards Fund Mountstewart Fund Newtownards Fund Newtownards Fund Portaferry Fund	£223 1 0 1,352 12 8 362 16 0 589 2 8 612 3 6	By Transfer to General Fund " Balance at 31st December, 1960 :—3½% War Stock
, Interest	789 0 2	£154 18 6 4,426 4 10
DIVISION 3.		(CASTLEREAGH)	
To Balance at 1st January, 1960 (Newtownbreda and Edenderry No. 2 Account) Northern Bank Ltd. " Bank Interest	£147 1 9 3 13 6	By Special Diets " Transfer to No. 1 A/c. (Equipment) " Balance at 31st December, 1960 :—Northern Bank Ltd.
To Balance at 1st January, 1960—3½% War Stock , Interest	£150 15 3	£5 15 8 10 0 0 134 19 7
		£261 11 6 9 3 2	£150 15 3
		£270 14 8	£9 3 2 261 11 6
			£270 14 8

TABLE 73—DIVISIONAL VOLUNTARY CARE AND AFTER-CARE COMMITTEES (Continued)

Investment Accounts—From District Nursing Association Funds

DR.	DIVISION 4.	(BANBRIDGE)
To Balance at 1st January, 1960 (Maralin, Moira and Dolings-town Account) £300 3½% War Stock	£207 5 9	By Transfer to General Fund , Balance at 31st December, 1960 :—£300 3½% War Stock
„ Interest	10 10 0	£10 10 0 207 5 9 £217 15 9
To Balance at 1st January, 1960 (Gilford Account) Ulster Bank Ltd.	£217 15 9	By Purchase of Equipment
„ Bank Interest	£93 12 3	„ Purchase of Coal
	1 13 0	„ Cost of Holidays
	£95 5 3	„ Repairs to Cycle
To Balance at 1st January, 1960 :—Ulster Bank Ltd.	17 17 1	„ Balance at 31st December, 1960 :—Ulster Bank Ltd.
„ Bank Interest	0 6 3	By Transfer to General Fund (Chirology) , Chirology Services
	£18 3 4	„ Balance at 31st December, 1960 :—Ulster Bank Ltd.
DIVISION 5.	(DOWNPATRICK)	
To Balance at 1st January, 1960 (Downpatrick Account) 4½% Defence Bonds	£430 0 0	By Transfer to General Fund , Balance at 31st December, 1960 :—4½% Defence Bonds
„ Interest	19 7 0	£19 7 0 430 0 0 £449 7 0
To Balance at 1st January, 1960 (Downpatrick No. 2 Account) Northern Bank Ltd.	£449 7 0	By Purchase of Equipment
Proceeds of Ballots	12 12 8	„ Other Purchases
„ Transfer from General Fund (Proceeds of Cake Sale, etc.)	4 8 0	„ Special Diets
„ Bank Interest	19 17 9	„ Miscellaneous :—Ballot Tickets
	0 11 9	„ Gifts
To Balance at 1st January, 1960 :—Northern Bank Ltd.	£37 10 2	„ Balance at 31st December, 1960 :—Northern Bank Ltd.
DIVISION 6.	(NEWRY)	
To Balance at 1st January, 1960 (Rathfriland Account) £191 1s. 0d. 3½% War Stock	£135 0 0	By Transfer to General Fund , Balance at 31st December, 1960 :—£191 1s. 0d. 3½% War Stock
„ Interest	6 13 8	£6 13 8 135 0 0 £141 13 8

DENTAL SERVICES

(The following report on the Committee's Dental Services has been submitted to me by the County Dental Officer—Mr. W. McCarthy, L.D.S.).

I have pleasure in submitting my Annual Report on the Dental Services of the County for the year 1960.

First of all, I would like to state that, although the Health Committee have been anxious at all times to provide a full and comprehensive dental service for all classes of patients to whom they have an obligation to do so, they fully realised that, owing to the continuing shortage of dental manpower, this was just impossible. Consequently, in April 1959 a revised scheme was put into operation for carrying out the dental services of the County and, as this has been in full swing for the twelve months ended 31st December, 1960, my report is based to a large extent on its progress during the past year.

As mentioned last year, the scheme provided for the dental inspection of all school children within a period of two years after their initial admission to school and also for the provision of certain treatment priorities as follows :—

- (1) The treatment of children who suffer from a mouth condition injurious to their health and the urgent cases noted at dental inspections.
- (2) Children who appreciate dental treatment and who attend regularly at the clinics.
- (3) Children who have come to school for the first time, e.g. school entrants.
- (4) Children who attend rural schools and for whom the school dental service is the only service available.

At the time of writing I am pleased to state that the new scheme has been running smoothly and not only have dental inspections been kept up to date but also treatment of emergency cases, those who attend regularly and school entrants in the urban areas have all been dealt with. All available means have been taken to speed up the treatment of children attending the rural schools and, in certain districts, where it was found that treatment could not be given for some time, not only have the entrants been inspected in each of these but all the other age groups as well and the parents of those children requiring dental care have been notified. By alerting the parents in this way, they have been made aware of the fact that their children need dental care and, no doubt, a number of them would seek this through the General Practitioner Service.

Dental disease, unlike most others, has a particular tendency to recur in the same patient from time to time and, therefore, it must be kept under constant observation so that remedial measures can be instituted at the earliest signs of decay. Indeed if our present scheme is to bestow lasting benefit, particularly on those who received conservative treatment (fillings) in the rural schools during the past twelve months, there must be re-inspection of the children at regular intervals and further treatment afforded where necessary.

In another part of my report it is recorded that dental defects amongst school children in the County stand at the alarmingly high level of 90.04%. Indeed one may well ask why does the disease appear to be on the ascendency? I have no doubt that the answer can be found to a great extent in the indiscriminate eating of manufactured foods which contain refined sugar and also to the great increase in the consumption of sweets, especially those eaten between meals. If children, who have a particularly "sweet tooth," would do their sweet eating immediately after meals and follow this up with the tooth brush and rinsing of the mouth several times with ordinary water, I believe that the incidence of dental decay would be minimised to a great extent. In this respect I am convinced that much can be done in the field of Dental Health Education and I am always pleased when I hear of an officer giving advice along these lines to those who attend regularly at our clinics and to the others who show evidence of frequent tooth brush drill.

Looking on the brighter side of things, I would mention that during the year The Whitley Council, which is the negotiating body for salaries, approved of further increases for Public Dental Officers and, whilst this latest award may not have the effect of inducing the newly qualified dental surgeon to join the Local Authority Service, I am of the opinion that it may have a bearing on those who have been in private practice for a number of years and who would be eligible to start on the highest point of the new scale.

Furthermore, in October 1960, an experimental Course was started in London for the training of Dental Auxiliaries. The Course is of two years' duration and, at the end of this period, there will be available a certain number of candidates capable of carrying out dental treatment of a minor nature.

Staff :

At the end of the year 1960 there were 9 full-time Dental Officers, 1 part-time Dental Officer and 9 full-time Dental Attendants on the staff.

The following appointments were made during the year :—

Mr. J. McHugh—Full-time Assistant Dental Officer to Division 6.

Mr. B. P. Brady—Full-time Assistant Dental Officer to Division 4.

Clinics :

As in previous years treatment was carried out in two types of clinic :— (a) static ; (b) temporary and the following were operated as such during 1960 :

(a) Static Clinics :

Division 1—	Bangor, Donaghadee
„ 2—	Newtownards
„ 3—	Cregagh, Holywood
„ 4—	Banbridge, Dromore
„ 5—	Downpatrick
„ 6—	Newry, Newcastle

(b) Temporary Clinics :

(i) In Child Health and Welfare Clinics and other premises :

Division 1—	Nil
„ 2—	Greyabbey, Kircubbin
„ 3—	Nil
„ 4—	Nil
„ 5—	Killyleagh
„ 6—	Nil

(ii) School Premises :

Division 1—	Millisle
„ 2—	Comber P.S., Comber Intermediate, Loughries, Glastry and Rubane
„ 3—	Nil
„ 4—	Nil
„ 5—	Nil
„ 6—	Kilkeel P.

(iii) Mobile Dental Clinics :

Division 1—	Ballymiscaw, Ballysallagh, Ballyvester, Conlig, Cottown, Crawfordsburn, Groomsport, Killaughey.
„ 2—	Ballycranbeg, Ballygalget, Ballyrogan, Ballyphillip Boys', Ballyphillip Girls', Portaferry.
Division 3—	Carr, Drumlough, Hillhall, Legacurry, Newport, Ravarnett.
„ 4—	Annaclone, Glaskerbeg, Glaskermore, Loughbrickland P., Loughbrickland C., Monteith, Tullyorier.
„ 5—	Annadorn, Ballyculter, Castlewellan Intermediate, Castlewellan P., Dunsford, Kilclief, Loughinisland, St. Malachy's Boys', St. Malachy's Girls', Strangford.
„ 6—	Annalong, Ardagh, Ballymoney, Carnacaville.

General Anaesthetics :

These were administered in the following Static Clinics :

Division 1—	Bangor
„ 3—	Cregagh, Holywood
„ 4—	Banbridge
„ 5—	Downpatrick
„ 6—	Newry

A total of 572 general anaesthetics were administered.

GENERAL REMARKS

Staff :

At the end of the year there were 9 full-time Dental Officers and 1 part-time Dental Officer in the employment of the Committee, the number being similar to that at the end of the previous year. As in 1959 the Banbridge Area (Division 4) seems to be more difficult to fill than the others, there being no officer in post from 31st July, 1960 until 25th November, 1960, when Mr. B. P. Brady took over the duties of Mrs. W. Vaughan, who resigned her position on 31st July, 1960.

The Committee were unfortunate to lose the services of Mr. J. J. Cleary who worked in the Newry Area (Division 6), Mr. Cleary resigning his position as Assistant Dental Officer on 30th June, 1960 to take up private practice in England. His post was filled by the appointment of Mr. J. McHugh, B.D.S., who took up duty on 3rd October, 1960.

Another set back was the resignation of Mr. J. B. Anderson from Division 3 on 31st December, 1960.

Clinics :

The number of static clinics in operation during 1960 was similar to that of 1959. It is pleasing to record that plans are well advanced for the erection of a new clinic in Newtownards and, with the exception of Banbridge, I can think of no other town in the whole of the County where better dental facilities are more urgently required.

I would mention with satisfaction that during 1960 the building of new clinics commenced in Newcastle and Kilkeel respectively and, at the time of writing, it is hoped that these will be in operation at an early date. The new clinic at Kilkeel will be especially beneficial as regards children attending the many rural schools in the district who require general anaesthetics. The nearest static clinic where these can be administered at present is Newry, which is some 17 miles away.

The building of a new clinic is also under construction at Gilnahirk.

During the year two further mobile dental clinics were put into operation. These should prove of immense value in the provision of still better facilities for the treatment of children attending rural schools. Unfortunately, due to certain faults in their construction, they were off the road for some time. However, I am pleased to state that these have now been remedied and the mobiles are once more in operation.

Orthodontics :

I have noted with satisfaction the great improvement in the facial expression of children who have been given this form of treatment and, undoubtedly, this branch of the dental services would benefit by expansion. However, with our present limited staff, one must strike a balance between orthodontic treatment and the more urgent forms of routine dentistry which press upon the officers from day to day.

General Anaesthetics :

Sessions for general anaesthetics continued to run smoothly during the year and it is gratifying to record that Ministry approval was obtained for Dr. W. F. K. Morrow, Consultant Anaesthetist to administer these in the Banbridge Area (Division 4). This is a step in the right direction and, whilst I appreciate the work that has been done in this field by the Divisional Medical Officers and their Assistants during the past number of years, it must be realised that, as medicine in its various branches becomes more and more specialised, the appointment of additional part-time Anaesthetists where required should be our ultimate aim and I hope to see further appointments made at an early date.

Once more I regret having to report that the Incidence of dental defects amongst school children in the County would appear to be on the increase, standing at the all time high level of 90.04%.

Co-Operation :

In conclusion I would extend my thanks to all members of the dental staff and to those of the teaching profession for their unfailing support and co-operation at all times during the past year.

SANITARY CIRCUMSTANCES

The Sanitary Services in the County may be divided into two main groups—(1) environmental services for which the nineteen Local Authorities in the County are responsible, and which include housing, water supplies, sewerage and sewage disposal; (2) transferred functions which are the responsibility of the County Health Committee, and which include measures for the prevention of contamination of food, arrangements for meat and food inspection and rodent control.

I am indebted to Mr. A. Reynolds, County Public Health Inspector, for the detailed information in this section of the Report, and am also grateful to the Clerks of the various Authorities for their co-operation and help.

HOUSING

The upward trend in the building of new houses in the County, noted in last year's report has continued, as 1,534 houses were completed and 1,964 under construction at the end of the year with plans approved for a further 1,859. The corresponding figures last year were 1,047, 1,478 and 1,087. It is unfortunate that the economic needs of the country should call for an increase in the interest rates on loans to local authorities, as this may cause a slowing down in the building of houses, even though the Government has promised increased subsidies to offset this.

Comparatively few re-development and slum clearance schemes were submitted to the Ministry of Health and Local Government by local authorities during the year, but work is going on actively in the preparation of a number. A great deal of difficult and detailed work falls on the officers of local authorities subsequent to the confirmation of schemes in securing the site and having it cleared or re-developed. Where agreement with the owners cannot be reached it is necessary to apply for a vesting order, and so a long interval may elapse between the launching of a scheme and its ultimate completion.

TABLE 74—HOUSING PROGRESS IN COUNTY DOWN

Local Authorities		Northern Ireland Housing Trust				Private Enterprise				Under construction at 31/12/1960	
		Completed between 1/6/1944 and 31/12/1960	Completed during 1960	Under construction at 31/12/1960	Completed during 1960	Completed between 1/6/1944 and 31/12/1960	Completed during 1960	Under construction at 31/12/1960	Completed between 1/6/1944 and 31/12/1960		
Bangor Borough	132	—	—	—	562	—	—	—	1,866	113	174
Donaghadee Urban	6	—	—	9	106	—	28	17	80	10	192
North Down Rural	963	42	—	—	457	—	—	—	912	86	75
Newtownards Boro,	336	84	—	—	658	—	—	—	135	21	42
Holywood Urban	50	—	—	—	649	—	—	—	214	16	83
Castleraghan Rural	477	—	—	124	2,509	93	198	—	3,926	193	193
Hillsborough Rural	500	—	—	—	115	58	239	1,667	231	126	2,282
Banbridge Urban	244	—	—	—	162	—	—	49	37	11	443
Dromore Urban	32	—	—	—	46	—	—	—	21	1	99
Banbridge Rural	328	—	—	—	89	30	—	—	187	14	23
Moira Rural	430	14	94	—	48	—	—	—	151	7	604
Downpatrick Urban	263	—	—	—	—	—	—	—	—	9	629
Downpatrick Rural	759	133	58	—	—	—	13	—	—	1	276
Newry Urban	531	89	47	—	360	—	18	419	34	105	1,538
Newry No. 1 Rural	437	63	64	—	337	—	—	35	1	—	903
Kilkheel Urban	32	—	—	—	—	—	—	184	18	36	651
Kilkheel Rural	416	56	23	—	84	—	—	—	76	2	192
Warrenpoint Urban	194	77	—	—	32	—	—	199	4	4	647
Newcastle Urban	—	—	159	—	64	—	—	28	—	4	286
					159	—	—	287	33	17	446
Grand Totals	6,130	558	501	6,467	181	549	795	914	10,437	23,034	1,964

The figures in the above Table are extracted from the Housing Return for Northern Ireland published by the Ministry of Health and Local Government.

WATER SUPPLIES

As in the previous year the main development was in the Rural areas.

North Down Rural District :

With the laying of forty-four miles of new mains during the year the total mileage laid in the Rural District now amounts to 262 miles with a further 21.5 miles for the North Down Waterworks Joint Board.

Schemes for the laying of distribution mains in the Lisleen, Ballymaglaff and Ballyrussell areas have been prepared.

New connections to the mains in the Rural District totalled 597.

The Joint Board has decided to construct a 300,000 gallon reservoir at Whitespots, near Newtownards.

Castlereagh Rural District :

With the large scale housing development in various parts of the rural district it was found necessary to extend the distribution mains. Work on the Upper Castlereagh scheme was almost completed by the end of the year.

Hillsborough Rural District :

Numerous extensions to existing mains were necessary because of housing development. A tender has been accepted by the Council for the provision of distribution mains in Dromara.

Banbridge Rural District :

A further 20 miles of distribution mains were laid during the year. A service reservoir was constructed at Moneyslane, whilst work is in progress on those at Dechomet and Ballydrummond. A site has been purchased for a high level service reservoir at Moybrick and the approval of the Ministry of Health and Local Government has been obtained for the construction of a service reservoir at Kinallen.

Dromore Urban District :

Dromore water supply is now derived from the Speiga scheme. The existing service reservoir is not of sufficient capacity to cope with the present demand and as there is a likelihood of a new factory with a high water consumption being established the Council has given active consideration to the matter and proposals include the provision of a new ring main capable of delivering 200,000 gallons per day at an estimated cost of £12,000.

Moira Rural Council :

A scheme for the provision of water for Donacloney at an estimated cost of £40,000 has been approved by the Council. Repair work on the service reservoirs at Ballydougan and Magheraliskmisk has been successfully completed.

The Council has spent £150,000 on water schemes since 1949.

Downpatrick Rural District :

Work on the laying of the South East trunk main to serve Tyrella, Killough and Ardglass districts is well advanced and should be completed during the coming year.

Approximately nine miles of distribution mains were laid during the year and numerous extensions are planned for completion in 1961.

The new chlorination plant at Aughlisnafin has ensured the provision of a pure supply to the Ballykinlar, Clough, Dundrum and Scafodre areas, and all samples have been reported on as highly satisfactory.

Warrenpoint Urban District :

The Council has decided to proceed with a scheme estimated to cost about £7,000 for the improvement of the supply. This will include a new service reservoir and chlorinator plus a system of waste detection meters.

Kilkeel Rural District :

An additional intake from the Kilbroney River has been provided to boost the supply to Rostrevor and work is well advanced on the Attical scheme.

BACTERIOLOGICAL AND CHEMICAL EXAMINATION OF WATER SUPPLIES.

Routine sampling of public supplies and sampling of private supplies from wells was carried out, the details being :—

Number of samples taken from public piped supplies as supplied to consumers :—

		Satisfactory	Unsatisfactory
(a) Bacteriological	.....	555	70
(b) Chemical	.....	2	—

Number of samples taken from other public supplies such as public wells, reservoirs, streams :—

		Satisfactory	Unsatisfactory
(a) Bacteriological	.....	13	47
(b) Chemical	.....	1	—

Number of samples taken from private supplies :—

		Satisfactory	Unsatisfactory
(a) Bacteriological	.....	25	98
(b) Chemical	.....	—	1

It is pleasing to note the gradual improvement that has taken place in the quality of water supplied from public mains to consumers. The number of unsatisfactory samples in this category has fallen from 26 per cent. in 1959 to 11 per cent. in the year under review.

With the installation of modern filtration and chlorinating plant in districts not formerly so served it is to be hoped and expected that this trend will continue.

The number of " unsatisfactory " samples taken from other public supplies such as public wells, reservoirs, streams etc. seems large, but the bulk of these samples are raw waters which have not been filtered or chlorinated.

The number of " unsatisfactory " samples from private supplies, such as wells, is high, but here again knowledge of the circumstances modifies the unfavourable impression received from a mere reading of the figures, as many of these samples are from wells which are " suspect " and a proportion are from new wells where disturbance of the sub-soil generally results in a temporary pollution of the water.

SEWERAGE AND SEWAGE DISPOSAL

Bangor :

Consideration is being given to a scheme for the provision of a new main sewer from Southwell Road to the Clandeboye Road area. It is hoped to link with this an urban drainage scheme, as flooding occurs in the area after heavy rains.

North Down Rural District :

A scheme for the provision of a sewer with sea outfall to serve ninety houses at Ballyvester has been approved. It is possible that an adjoining portion of the urban district of Donaghadee will be linked with the new outfall.

Work on the Ballyrickard Sewage disposal works which will serve the Comber area and Newtownards Borough is practically completed.

During the year 50 more Council houses in the Rural district were provided with piped water and water closets making a total of 573 Council houses provided with these amenities.

Holywood :

Work has commenced on the laying of the new sewer in the Victoria Road area. This will make possible the abolition of a number of septic tanks causing fouling of the waterway.

Castlereagh Rural District :

The Ballyrobert sewage disposal works were completed and are now in operation, but in view of rapid development in the area served it has been decided to double the present capacity of the works. Improvements were carried out to the Cumberland Road sewer and work has commenced on the Gilnahirk relief sewer.

A new sewerage Scheme for the Braniel-Prince Regent Road area is in course of preparation.

The Council have been making full use of the powers contained in the Urban Drainage Act, 1957, and during the year Urban drainage schemes were completed in the Glenburn, Tullycarnet, and Dun-donald (Park Avenue) areas. There was some delay with the Mount Merrion scheme, but this scheme should be completed during the coming year.

Further Urban Drainage Schemes at Kingsway Park, Castlehill Road and Ardara Avenue are under active consideration.

Hillsborough Rural District :

The Newtownbreda-Carryduff sewerage scheme was completed during the year and many houses formerly served by septic tanks and cesspools have been connected to the new sewers.

Work has commenced on the new sewage disposal works at Laurel Woods, Newtownbreda.

The private sewage disposal plant at Ballyskeagh serving about 40 houses taken over by the Council during the year, has been overhauled and improved.

A scheme prepared by the Council's Engineer for the provision of sewers and sewage disposal for Edenderry village has been approved by the Council and a sewerage scheme is in course of preparation for the Sprucefield-Ballintine area of the Rural District.

Banbridge :

The new sewerage scheme was completed during the year, although a few connections have still to be made. The scheme was subjected to a severe test in the flooding that took place and steps have now been taken to guard against damage to property by the provision of additional storm water drains and outfalls.

The new sewage disposal plant is now in operation. It is a matter of regret that so many houses are still not provided with water closets, but this is largely due to the fact that these houses are in re-development areas and will eventually be demolished.

It is to be hoped that this work will be pushed ahead with all speed.

Banbridge Rural District :

The scheme for the provision of a sewer with pumping station for the 57 houses at Holm Terrace was completed and the houses are now provided with water closets and internal water supply. A site for a new sewage disposal works for the Seapatrick-Kilpike area has been acquired. A number of small schemes for the provision of drainage and septic tanks for Council houses were carried out during the year.

Dromore :

Although the sewage disposal plant is quite modern it is already working to capacity and in view of possible future developments, including the provision of a large factory, consideration will have to be given to the enlargement of the works.

Moira Rural District :

Ministerial approval is to be sought for proposals to enlarge the sewage disposal works and provide about another 1,000 yards of sewer with pumping station at the village of Moira.

A scheme estimated to cost about £54,000 for the provision of sewerage and joint sewage disposal works for the villages of Maralin and Dollingstown is under consideration.

The preparation of schemes in other areas—Corcreeny, Bleary and Waringstown—is well advanced.

Downpatrick Rural District :

The sewerage scheme for Shrigley was completed except for two small extensions which must await the outcome of proposals for re-development of portion of the village.

The effluent from the tannery is now discharged into the sewer, thus alleviating the pollution of the stream running into Killyleagh Harbour.

A site has now been acquired for the sewage disposal works at Dundrum and tenders will be sought at an early date.

The sewerage scheme at Quoile Quay was completed during the year, thus ending a serious nuisance in the area.

The difficulties in the securing of sites for sewage disposal plants at the Spa and Loughinisland have been resolved and the work should be underway during the coming year.

At Killough the No. 1 contract for renewing and extending the sewer outfalls has been completed and the No. 2 contract for the relaying and extending the sewerage system is out for tender.

Newry :

The projected sewage disposal scheme was held up because of objections by the Armagh County Planning Authority to the siting of the works.

A public enquiry was held and the objections were overruled.

Warrenpoint :

Progress is being made with a scheme for the relaying of a number of old sewers in the town.

Kilkeel Rural District :

Proposals are being considered for a sewerage scheme in the Mullartown-Glassdrumman area. Work is about to start on the scheme in the Moneydarragh-Ballymartin area.

Newcastle :

The sewer on the Tullybrannigan Road was extended for a distance of approximately 400 yards to cater for future development in the area and to drain a large caravan site.

RIVERS POLLUTION

Complaints were received as to the fouling of streams and rivers by waste matter from farms where silage was being prepared.

The effluent produced during the early stages of silage making can foul a stream so badly that cattle will not drink the water and the stream water has a milky appearance and gives off an unpleasant smell.

Whilst the silage making is seasonal, being carried out mainly during June and July, it often coincides with a period of low rainfall and as a consequence the pollution of the stream or river can be quite serious.

There is no easy solution to the problem, as each case has to be dealt with on its own, but it is hoped to have discussions at an early date with officers of the Ministry of Agriculture, as that Ministry is actively encouraging farmers to undertake the production of silage.

The River Lagan has been badly polluted by trade waste from an animal processing factory in County Antrim. The matter was referred to Antrim County Health Department and it seems that the firm concerned have been endeavouring to deal with the trouble, but up to the present without a great deal of success.

During the summer months when there is little or no flow in the river the condition of the river at Blaris could be likened to that of a septic tank.

REFUSE COLLECTION AND DISPOSAL

The majority of the local authorities in the County operate direct labour schemes, but in a few cases the refuse is removed by contract, the details being :—

(a) by direct labour	.....	14
(b) by contract	.....	5

Authority	Direct labour or contract	Weekly or fortnightly collection	Number and type of refuse collection vehicles
Bangor	Direct labour	Weekly Twice weekly for catering establishments in summer season.	3 S.D. fore and aft 18 cubic yard (petrol) 1 S.D. side loader (petrol).
Donaghadee	Direct labour	Weekly	1 S.D. side loader (petrol)
Newtownards	Direct labour	Weekly	1 Karrrier side loader (petrol). 1 Karrrier rear loader (petrol).
North Down Rural	Direct labour	Weekly	2 Bedford side loaders (petrol) 2 Karrrier side loaders (diesel). 1 Karrrier side loader (petrol).
Holywood	Direct labour	Weekly	1 Karrrier side loader (diesel)
Castlereagh Rural	Direct labour	Weekly Twice weekly for food premises.	1 Karrrier side loader (petrol) 2 Karrrier rear loaders (petrol) 1 Compressmore rear loader (petrol) 1 Karrrier dual tip loader (diesel)
Hillsborough Rural	Direct labour	Weekly in build-up areas, fortnightly in other areas.	1 S.D. fore and aft 18 cubic yard (diesel) 1 Bedford side loader (petrol) 1 Karrrier dual tip loader (diesel)
Banbridge	Direct labour	Weekly	1 Karrrier side loader (petrol)
Dromore	Direct labour	Weekly	1 Morris side loader (petrol)
Banbridge Rural	Contract	Weekly	1 Fordson side loader (petrol) 1 lorry with canvas cover (petrol)
Moira Rural	Contract	Fortnightly	1 Morris side loader (diesel)
Downpatrick	Direct labour	Weekly	1 Bedford side loader (petrol)
Downpatrick Rural	Direct labour	Weekly in built-up areas, fortnightly in other areas.	2 S.D. fore and aft 18 cubic yard (diesel)
Newry	Direct labour	Weekly	2 S.D. side loaders (petrol)
Warrenpoint	Direct labour	Weekly	1 Austin side loader (petrol)
Newcastle	Direct labour	Weekly	1 Karrrier side loader (petrol)
Kilkeel	Contract	Weekly	1 tractor and covered trailer (petrol)
Kilkeel Rural	Contract	Weekly	1 covered lorry (petrol)
Newry No. 1 Rural	Contract	Weekly	1 covered lorry (petrol)

Tipping Grounds :

It is regrettable to report that a number of the tipping grounds in the County are still in an untidy and insanitary condition.

With the changing character of house refuse — a much greater volume of paper, cartons, etc. — a windy day causes havoc on an uncontrolled tip and the adjoining hedges and fences are festooned with waste papers, to the discomfort of householders living nearby.

It is somewhat anomalous to find a town or village competing for the title of "best kept town or village" using a poorly kept tipping ground on its boundary..

Litter :

The Litter Act 1960 became operative as from 1st January, 1961, so it is rather early yet to give a considered opinion as to its effectiveness.

Personal observation to date would indicate that the public is still not litter conscious. A vigorous publicity campaign by the enforcing authorities, with a few prosecutions, will be necessary if progress is to be made.

Refuse Containers :

A new development in the County and indeed in Northern Ireland is the decision of the Castlereagh and Hillsborough Rural Councils to give a trial to the new system of paper sack storage of refuse instead of using the traditional dustbin. Advantages claimed for the paper sack system are cleanliness and ease of collection — only one journey from the collecting vehicle to the house is necessary — so it is possible that the saving in time and man-power will offset the expenditure on the expendable paper sacks.

PUBLIC HEALTH ACTS

The enforcement of the sections of the Public Health Acts dealing with substandard and insanitary houses is the responsibility of the Borough, Urban and Rural District Councils :—

Number of nuisances complained of or discovered	.....	.....	.....	.....	.....	2,547
Number of inspections and re-inspections	.....	.....	.....	.....	.....	9,509
Number of nuisances complained of which were confirmed	.....	.....	.....	.....	.....	2,277
Number of Statutory Notices served	.....	.....	.....	.....	.....	693
Number of legal proceedings instituted	.....	.....	.....	.....	.....	9
Number of Court Orders made	.....	.....	.....	.....	.....	4
Number of nuisances abated	.....	.....	.....	.....	.....	2,098

Details of some of the sanitary work carried out :—

Accumulations of offensive matter removed	.....	.....	.....	.....	.....	104
Animal keeping improvements	.....	.....	.....	.....	.....	42
Sanitary accommodation improved (new W.C. basins, etc.)	.....	.....	.....	.....	.....	156
Water closets substituted for privies or pail closets	.....	.....	.....	.....	.....	299
Drainage improvements	.....	.....	.....	.....	.....	476
Foul drains cleansed	.....	.....	.....	.....	.....	720
Ashbins provided	.....	.....	.....	.....	.....	434
Water supply introduced into houses	.....	.....	.....	.....	.....	220
Sinks provided	.....	.....	.....	.....	.....	176
Yards re-surfaced	.....	.....	.....	.....	.....	32
Roofs repaired	.....	.....	.....	.....	.....	478
Eaves, gutters and down pipes provided or repaired	.....	.....	.....	.....	.....	332
Walls repaired	.....	.....	.....	.....	.....	150
Floors repaired	.....	.....	.....	.....	.....	124
Window frames repaired	.....	.....	.....	.....	.....	104
Ceilings repaired	.....	.....	.....	.....	.....	55
Chimneys repaired or rebuilt	.....	.....	.....	.....	.....	64
Flues and firegrates repaired	.....	.....	.....	.....	.....	27
Stairs repaired	.....	.....	.....	.....	.....	51
Doors repaired	.....	.....	.....	.....	.....	22
Sub-ventilation provided	.....	.....	.....	.....	.....	41
Lighting and ventilation improved	.....	.....	.....	.....	.....	80
Houses cleansed	.....	.....	.....	.....	.....	22
Miscellaneous improvements	.....	.....	.....	.....	.....	592

SCHOOL SANITATION

Number of schools in County (including Nursery)	.....	.....	.....	.....	.....	351
Schools inspected	.....	.....	.....	.....	.....	261
School inspections carried out	.....	.....	.....	.....	.....	418
Schools found to be defective	.....	.....	.....	.....	.....	42
Schools improved as a result of representations	.....	.....	.....	.....	.....	25

PUBLIC HEALTH (Prevention of Contamination of Food) REGULATIONS (Northern Ireland) 1948

Number of inspections of premises where food is prepared or handled	.....	.....	3,186
Number of premises in which contraventions were discovered	.....	.....	248
Number of premises improved as a result of action	.....	.....	250
Number of Prosecutions instituted	.....	.....	—

Details of improvements effected in food premises are :—

Total or extensive reconstruction	.....	.....	.....	.....	.....	36
Water supply introduced	.....	.....	.....	.....	.....	29
Hot water laid on	.....	.....	.....	.....	.....	71
Sink and/or Wash-hand basins provided	.....	.....	.....	.....	.....	58
Redecoration and internal repairs	.....	.....	.....	.....	.....	182
External repairs	.....	.....	.....	.....	.....	51
Sanitary accommodation provided or improved	.....	.....	.....	.....	.....	28
Drainage provided or improved	.....	.....	.....	.....	.....	30
Rats or mice infestations dealt with	.....	.....	.....	.....	.....	19
Rat proofing carried out	.....	.....	.....	.....	.....	24
Fly proofing carried out	.....	.....	.....	.....	.....	14
Accumulations of rubbish or trade refuse removed	.....	.....	.....	.....	.....	26
Receptacles for waste provided	.....	.....	.....	.....	.....	74
Ventilated food storage accommodation	.....	.....	.....	.....	.....	37
Storage accommodation improved	.....	.....	.....	.....	.....	14
Protective clothing provided	.....	.....	.....	.....	.....	20
Hygienic equipment (refrigerators, covered display cabinets, etc.) provided	.....	.....	.....	.....	.....	53
Vehicles improved	.....	.....	.....	.....	.....	7
Cloakrooms provided	.....	.....	.....	.....	.....	7
Ventilation of premises improved	.....	.....	.....	.....	.....	6
Miscellaneous	.....	.....	.....	.....	.....	27

MANUFACTURE AND SALE OF ICE CREAM

(a) Number of premises registered for :—

(i) Manufacture only	.....	.....	.....	.....	.....	3
(ii) Manufacture and sale	.....	.....	.....	.....	.....	56
(iii) Sale	.....	.....	.....	.....	.....	708
(b) Number of registered premises inspected	.....	.....	.....	.....	.....	767
(c) Number of inspections of registered premises made	.....	.....	.....	.....	.....	1,589
(d) Number of bacteriological samples taken	.....	.....	.....	.....	.....	116
(e) Number of bacteriological samples unsatisfactory	.....	.....	.....	.....	.....	10

MILK CONTROL

Number of samples of milk submitted for Bacteriological Examination	.....	.....	135
Number of samples below standard	.....	.....	11

All unsatisfactory samples are referred to the Ministry of Agriculture for investigation, and subsequent sampling usually shows an improvement.

FOOD AND DRUGS ACT

Seven hundred and sixty-six samples were taken and submitted for analysis during the year. Of these 760 were of genuine composition and 6 were found to be adulterated.

Details of Samples submitted and result of Analysis :—

				Genuine Composition	Adulterated	Total
Beverages	.....	.....	.....	88	1	89
Cereal Products	.....	.....	.....	55	—	55
Condiments and Spices	.....	.....	.....	70	—	70
Cooking Materials and Drugs	.....	.....	.....	89	—	89
Dairy Products	.....	.....	.....	184	—	184
Fruit, Vegetables and Sugar Products	.....	.....	.....	92	2	94
Meat, Fish and Poultry Products	.....	.....	.....	182	3	185

Of the six samples reported as adulterated proceedings were instituted in one case. In the other five cases the circumstances were such that warnings were given.

Prosecutions :

Article	Nature of Adulteration	Result of prosecution
Beef Sausages	Contained 1,080 parts of sulphur dioxide.	Fined £2 0s. 0d. with £4 4s. 0d. extra costs and £1 6s. 0d. Court Costs.

MEAT INSPECTION

As stated in earlier reports the duty of ensuring that all meat intended for human consumption in the County is properly inspected devolves on the Committee's officers and details of the number of animals killed and meat condemned in the five Abattoirs in the County are given below :—

Class of Animals	Number of Animals			Weight (in lbs.) of Condemned Meat and Offal
	Slaughtered	Partially Condemned	Wholly Condemned	
Cattle	16,962	108	187	213,382
Sheep	44,269	79	82	8,854
Pigs	1,117	119	69	12,808
Calves	283	1	18	3,905
TOTALS	62,531	307	350	238,949

Diseases and conditions which made total seizure necessary were tuberculosis, septicaemia, septic mastitis, peritonitis, endocarditis, pericarditis, emaciation, oedema, jaundice, uraemia, decomposition.

Nine thousand two hundred and twenty-one cattle and two thousand one hundred and seventy-eight sheep were found to be affected with liver fluke, necessitating the rejection for food of seventy-eight thousand six hundred and eighty-two pounds of liver.

Four hundred and twenty cattle were found to be affected with *cysticercus bovis*, the cystic stage of the tapeworm, and this necessitated the placing of a large number of the carcases in cold storage for a period of three weeks before being released for consumption.

ABATTOIRS

In common with other premises where food is prepared the condition of some of the public abattoirs in the County has caused concern. As only one abattoir is at all modern the production of clean meat is a matter of difficulty in the older premises.

Proposals for new abattoirs are being studied in Newry and Banbridge and it has been suggested that a joint abattoir would best serve the needs of the areas concerned. There is no doubt that the present conditions in these abattoirs are far from satisfactory.

Slaughter of Horses :

At the " Old Mill " Abattoir, Saintfield, 2,600 horses were slaughtered during the year. Antemortem and post-mortem inspections were carried out by Veterinary Officers of the Ministry of Agriculture. All meat intended for human consumption is exported, principally to London.

SHOPS ACT (NORTHERN IRELAND), 1945, SEC. 22

Number of inspections of shops .....	.....	.....	.....	.....	.....	.....	2,027
Number of individual shops inspected .....	.....	.....	.....	.....	.....	.....	1,329
Number of shops in which defects were found .....	.....	.....	.....	.....	.....	.....	161
Number of shops improved as a result of action .....	.....	.....	.....	.....	.....	.....	131

RODENT CONTROL

Number of infestations reported or discovered .....	.....	.....	.....	.....	.....	.....	3,598
Number of control treatments carried out .....	.....	.....	.....	.....	.....	.....	3,590

INFESTATION WITH INSECTS

Number of premises inspected .....	.....	.....	.....	.....	.....	.....	219
Number of premises found to be infested .....	.....	.....	.....	.....	.....	.....	185
Number of premises cleared of infestation .....	.....	.....	.....	.....	.....	.....	185

FACTORIES ACTS (NORTHERN IRELAND) 1938 AND 1949

Number of inspections of factories	1,158
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Number of defects found and result of action taken :—

	Found	Number of Defects	
		Remedied	Referred to Chief Factory Inspector
Lack of Cleanliness	6	5	—
Overcrowding	—	—	—
Unreasonable Temperature	1	1	—
Ineffective drainage to floors	—	—	—
Inadequate ventilation	4	2	—
Sanitary conveniences :			
(a) insufficient	15	11	—
(b) defective	30	22	—
(c) not separate for sexes	9	7	—
Breach of Special Sanitary requirements for Bakeries	—	—	—
Other offences	—	—	—

Number of inspections of outworkers premises	53
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HAIRDRESSERS ACT (NORTHERN IRELAND) 1939

Number of Hairdressing Establishments registered	200
Number of inspections made .....	.....	.....	.....	.....	.....	.....	310

SENIOR ADMINISTRATIVE AND TECHNICAL STAFF

				Date Duty Commenced
COUNTY MEDICAL OFFICER OF HEALTH	.....	.....	J. B. McKinney, M.B., B.C.H., B.A.O., D.P.H.	..... 17th June, 1947.
DEPUTY COUNTY MEDICAL OFFICER OF HEALTH	.....	.....	J. Taylor, M.B., B.C.H., B.A.O., D.P.H.	..... 1st October, 1947.
DIVISIONAL MEDICAL OFFICERS OF HEALTH :—				
Division 1	.....	.....	R. L. Roxburgh, M.B., B.C.H., B.A.O., D.P.H.	..... 6th May, 1948.
Division 2	.....	.....	J. Scott, M.B., B.C.H., B.A.O., D.P.H.	..... 1st April, 1948.
Division 3	.....	.....	S. Hayes, M.D., D.P.H.	..... 1st April, 1948.
Division 4	.....	.....	J. A. MARK, M.B., B.C.H., B.A.O., D.P.H.	..... 14th October, 1948.
Division 5	.....	.....	E. P. McGrath, M.B., B.C.H., B.A.O., D.P.H.	..... 1st July, 1954
Division 6	.....	.....	B. L. McQuillan, M.B., B.C.H., B.A.O., D.P.H.	..... 25th June, 1948.
ASSISTANT DIVISIONAL MEDICAL OFFICERS OF HEALTH :—				
Division 2	.....	.....	C. Moss, M.B., B.C.H., B.A.O., D.P.H.	..... 1st August, 1951.
Division 3	.....	.....	G. T. N. Lawson, M.B., B.C.H., B.A.O., D.P.H.	..... 2nd July, 1951.
Division 4	.....	.....	Irene M. Thompson, M.D., D.P.H.	..... 1st October, 1958.
Division 5	.....	.....	Elizabeth Hawkins, M.B., B.C.H., B.A.O., D.P.H.	..... 1st December, 1956.
Division 6	.....	.....	Mary S. Miller, M.B., B.C.H., B.A.O., D.P.H.	..... 27th November, 1956.
			Grace E. McClafferty, M.B., B.C.H., B.A.O., D.P.H.	..... 1st January, 1951.
COUNTY DENTAL OFFICER	.....	.....	W. McCarthy, L.D.S.	..... 8th May, 1952.
ASSISTANT DENTAL OFFICERS :—				
Division 1	.....	.....	S. H. Wilson, L.D.S.	..... 1st May, 1952.
Division 2	.....	.....	J. C. Harpur, L.D.S.	..... 1st August, 1953.
Division 3	.....	.....	W. R. Mahood, B.D.S.	..... 1st April, 1955.
Division 4	.....	.....	Mrs. Susan H. Platt, B.D.S.	..... 3rd March, 1958.
Division 5	.....	.....	J. B. Anderson, B.D.S.	..... 7th September, 1959. (Resigned 31/12/60).
Division 6	.....	.....	Mrs. W. S. Vaughan, B.D.S.	..... 19th October, 1959. (Resigned 31/7/60).
			B. P. Brady, L.D.S.	..... 25th November, 1960.
			R. A. T. Speedy, L.D.S.	..... 1st August, 1953.
			J. J. Cleary, B.D.S.	..... 1st February, 1957. (Resigned 30/6/60).
			J. McHugh, B.D.S.	..... 3rd October, 1960.
SUPERVISOR OF CARE AND AFTER-CARE	.....	.....	Miss E. M. Doran, S.R.N., S.C.M., H.V. (CERT.)	..... 2nd January, 1950.
COUNTY NURSING OFFICER	.....	.....	Miss E. W. Gracey, S.R.N., S.C.M., H.V. (CERT.)	..... 1st November, 1949.
SUPERVISOR OF MIDWIVES	.....	.....	Miss B. McAleer, S.R.N., S.C.M.	..... 1st September, 1949.
SUPERINTENDENT HEALTH VISITOR	.....	.....	Miss V. I. Thompson, S.R.N., S.C.M., H.V. (CERT.)	..... 1st February, 1950.
SENIOR (DIVISIONAL) NURSING OFFICERS :—				
Division 1	.....	.....	Mrs. A. I. Corry, S.R.N., S.C.M., H.V. (CERT.)	..... 1st October, 1949.
Division 2	.....	.....	Mrs. N. H. Simpson, S.R.N., S.C.M., H.V. (CERT.)	..... 11th April, 1949.
Division 4	.....	.....	Miss J. McGaw, S.R.N., S.C.M., H.V. (CERT.)	..... 2nd May, 1949.
Division 6	.....	.....	Miss M. Savage, S.R.N., S.C.M., H.V. (CERT.)	..... 20th October, 1952.
SPEECH THERAPISTS	.....	.....	Miss Moya C. Campbell, L.C.S.T.	..... 1st September, 1959.
			Miss Marina P. Campbell, L.C.S.T.	..... 30th September, 1960.
PHYSIOTHERAPIST	.....	.....	G. Frew, M.C.S.P.	..... 1st June, 1955.
COUNTY PUBLIC HEALTH INSPECTOR	.....	.....	A. Reynolds, F.R.S.H.	..... 1st March, 1948.
DIVISIONAL PUBLIC HEALTH INSPECTORS :—				
Division 1	.....	.....	J. L. Magee, M.R.S.H.	..... 15th November, 1948.
Division 2	.....	.....	J. J. Boal, M.R.S.H.	..... 15th November, 1948.
Division 3	.....	.....	W. E. C. O'Brien, M.R.S.H., M.I.P.C.	..... 11th October, 1948.
Division 4	.....	.....	W. R. Jones, M.R.S.H.	..... 1st April, 1958.
Division 5	.....	.....	F. Nixon, M.R.S.H.	..... 1st June, 1956.
Division 6	.....	.....	J. Meehan, M.R.S.H.	..... 1st November, 1953.
COUNTY ANALYST	.....	.....	H. K. Lawton, B.Sc., Ph.D., F.R.I.C.	.....
SECRETARY	.....	.....	J. C. Pantridge (Joint appointment with Down County Welfare Committee)	..... 1st June, 1947.
ACCOUNTANT	.....	.....	J. McKennan, A.C.A. (Joint appointment with Down County Welfare Committee)	..... 16th July, 1956.
ADMINISTRATIVE OFFICER	.....	.....	J. M. Ferguson (Joint appointment with Down County Welfare Committee)	..... 1st October, 1958.

RECORDS OFFICER J. Edgar (Joint appointment with Down County
Welfare Committee) 1st October, 1948.

SOLICITOR T. C. B. Henderson 1st April, 1960.

Central Offices of the Committee:—

SECRETARY
COUNTY MEDICAL OFFICER OF HEALTH } 65 University Street, Belfast 7.

